



**Health Sciences Libraries**  
UNIVERSITY OF WASHINGTON

# **R<sub>x</sub> for Information: Drug Resources on the Web**

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**Health Sciences Libraries**  
**University of Washington, Seattle, WA**  
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# Objectives

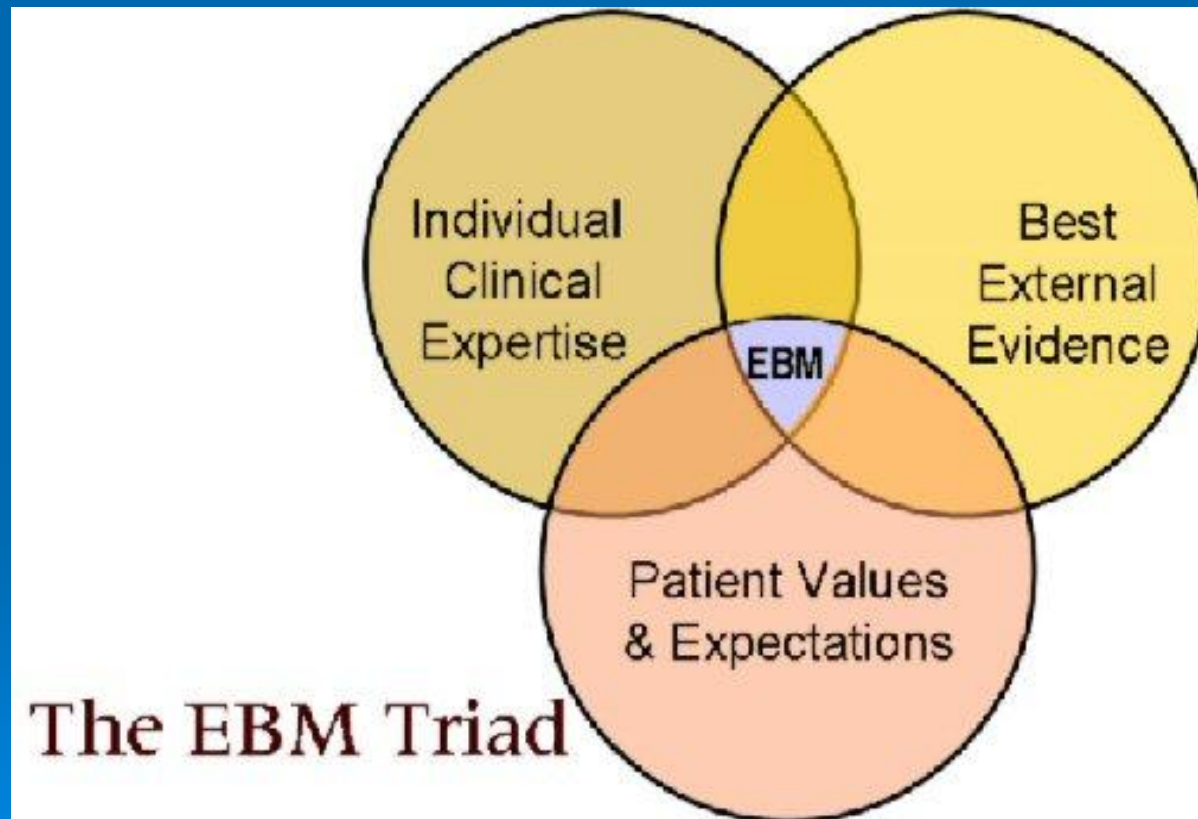
- Describe pharmacologic web resources to use for evidence-based nursing practice
- Locate drug e-resources on **HEAL-WA**, the health evidence website for Washington State nurses
- Identify ways to improve searching skills to find appropriate drug evidence on the web

# What is evidence-based practice?

- Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
- The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Sackett DL et al. *Evidence based medicine: what it is and what it isn't.* BMJ 1996 Jan 13; 312 (7023): 71-2.

# Evidence-Based Practice



# What makes good evidence?

## *Good*

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines


## *Shoddy*

- Opinion
- Consensus
- Because it's been done this way for 100 years

# EBP Implications for Nursing

- **Are U.S. nurses ready for evidence-based practice?**
  - Many don't understand or value research
  - Many have little or no training to help find evidence on which to base their practice
  - Pravikoff DS, Tanner AB, Pierce ST. Readiness of U.S. nurses for evidence-based practice. *American Journal of Nursing* 2005 Sep;105(9):40-52.
- **Failure to use evidence results in lower quality, less effective and more expensive care.**
  - Berwick DM. Disseminating innovations in health care. *JAMA* 2003 Apr 16;289(15):1969-75.

# Barriers to Nurses using EBP

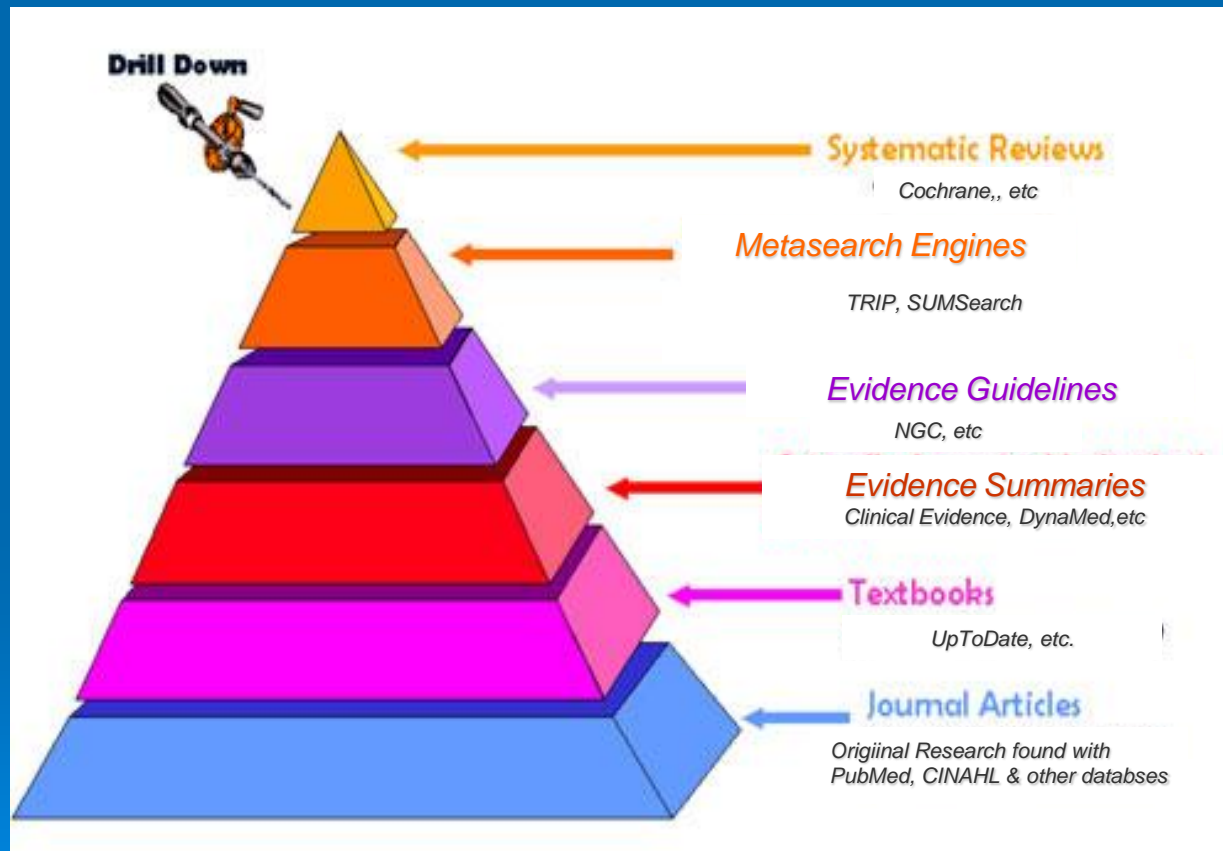
- Lack of time
  - Lack of value of research in practice
  - Lack of understanding of electronic databases
  - Lack of computer skills
  - Difficulty understanding research articles
- 
- A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide. The circles are light blue and vary in size and opacity, creating a subtle background pattern.

# Levels and Grades of Evidence

## Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research

# Searching for Evidence Categories





***Search for the Best Evidence  
to answer the Drug Question***



# Search Databases Efficiently for Research Journal Articles

- PubMed *pubmed.gov*
- NLM Gateway  
*gateway.nlm.nih.gov/gw/Cmd*
- CINAHL or CINAHL Plus(\$)  
*cinahl.com*

# PubMed

*pubmed.gov*

- Includes MEDLINE (late 1940's+)
- Indexes 5,000 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

# 2 *PubMed* Strategies for Finding Evidence-Based Citations

- Use *PubMed* Type of Article limits
  - Randomized Controlled Trial
  - Meta-Analysis
  - Practice Guideline
  - Clinical Trial
  - Consensus Development Conference
- Use the *PubMed* Clinical Queries and Systematic Reviews section

Search PubMed for **ustekinumab psoriasis**

[Limits](#) [Preview/index](#) [History](#) [Clipboard](#) [Details](#)

- To get started, enter one or more search terms.
- Search terms may be [topics](#), [authors](#) or [journals](#).

## Can easily *limit* your search to:

**Age groups**

**Human or Animal studies**

**Language**

**Research or Review articles**

**Subsets, such as Core Clinical Journals or CAM**

Read the [PubMed Help](#) to explore other PubMed search options.

PubMed is a service of the [U.S. National Library of Medicine](#) that includes over 16 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.

# PubMed Limits

PubMed Nucleotide Protein Genome Structure

for **ustekinumab psoriasis**

**Limits** Preview/Index History Clipboard Details

Limit your search by any of the following criteria.

**Languages**

- English
- French
- German
- Italian
- Japanese
- Russian
- Spanish

*More Languages*

- Afrikaans
- Albanian

**Subjects**

*Topics*

- AIDS
- Bioethics
- Cancer
- Complementary Medicine
- History of Medicine
- Space Life Sciences
- Systematic Reviews
- Toxicology

*Journal Groups*

**Type of Article**

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

*More Publication Types*

- Addresses
- Bibliography

**Ages**

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years
- Middle Aged: 45-64 years

Search PubMed for ustekinumab psoriasis   [Advanced Search](#)  
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Limits

Limits: Humans, Randomized Controlled Trial, English, Adult: 19-44 years, Middle Aged + Aged: 45+ years

Display Summary Show 20 Sort By Send to

All: 3 University of Washington Online: 3

Items 1 - 3 of 3

One page

- 1: [Ustekinumab, a human interleukin 12/23 monoclonal antibody, for psoriatic arthritis: randomised, double-blind, placebo-controlled, crossover trial.](#)  
 Gottlieb A, Menter A, Mendelsohn A, Shen YK, Li S, Guzzo C, Fretzin S, Kunynetz R, Kavanaugh A.  
 Lancet. 2009 Feb 21;373(9664):633-40. Epub 2009 Feb 11. Erratum in: Lancet. 2009 Apr 18;373(9672):1340.  
 PMID: 19217154 [PubMed - indexed for MEDLINE]  
[Related Articles](#)
- 2: [Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 52-week results from a randomised, double-blind, placebo-controlled trial \(PHOENIX 2\).](#)  
 Papp KA, Langley RG, Lebwohl M, Krueger GG, Szapary P, Yeilding N, Guzzo C, Hsu MC, Wang Y, Li S, Dooley LT, Reich K; PHOENIX 2 study investigators.  
 Lancet. 2008 May 17;371(9625):1675-84.  
 PMID: 18486740 [PubMed - indexed for MEDLINE]  
[Related Articles](#)
- 3: [Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 76-week results from a randomised, double-blind, placebo-controlled trial \(PHOENIX 1\).](#)  
 Leonardi CL, Kimball AB, Papp KA, Yeilding N, Guzzo C, Wang Y, Li S, Dooley LT, Gordon KB; PHOENIX 1 study investigators.  
 Lancet. 2008 May 17;371(9625):1665-74. Erratum in: Lancet. 2008 May 31;371(9627):1838.  
 PMID: 18486739 [PubMed - indexed for MEDLINE]  
[Related Articles](#)

1: [Lancet](#). 2009 Feb 21;373(9664):633-40. Epub 2009 Feb 11.

Erratum in:

[Lancet](#). 2009 Apr 18;373(9672):1340.

Comment in:

[Lancet](#). 2009 Feb 21;373(9664):605-6.

[Nat Rev Rheumatol](#). 2009 May;5(5):241-2.

**Ustekinumab, a human interleukin 12/23 monoclonal antibody, for psoriatic arthritis: randomised, double-blind, placebo-controlled, crossover trial.**

[Gottlieb A](#), [Menter A](#), [Mendelsohn A](#), [Shen YK](#), [Li S](#), [Guzzo C](#), [Fretzin S](#), [Kunynetz R](#), [Kavanaugh A](#).

Tufts Medical Center, Boston, MA, USA.

**BACKGROUND:** Since some patients with psoriatic arthritis do not respond to typical drug treatments, alternatives are needed. Findings suggest that interleukins 12 and 23 might affect clinical symptoms and pathological joint changes of psoriatic arthritis. Ustekinumab is a human monoclonal antibody that inhibits receptor-binding of these cytokines. We aimed to assess the efficacy and safety of ustekinumab for psoriatic arthritis in this phase II study. **METHODS:** We undertook a double-blind, randomised, placebo-controlled, crossover study at 24 sites in North America and Europe. Patients with active psoriatic arthritis were randomly allocated via interactive voice response system to either ustekinumab (90 mg or 63 mg) every week for 4 weeks (weeks 0-3) followed by placebo at weeks 12 and 16 (n=76; Group 1) or placebo (weeks 0-3) and ustekinumab (63 mg) at weeks 12 and 16 (n=70; Group 2). The first 12 weeks of the study were placebo-controlled. Masking was maintained to week 16, and patients were followed up to week 36 [corrected]. The primary endpoint was ACR20 response at week 12. Analysis was by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT00267956. **FINDINGS:** At week 12, 32 (42%) patients in Group 1 and ten (14%) in Group 2 achieved the primary endpoint (difference 28% [95% CI 14.0-41.6]; p=0.0002). Of 124 (85%) participants with psoriasis affecting 3% or more body surface area, 33 of 63 (52%) in Group 1 and three of 55 (5%) in Group 2 had a 75% or greater improvement in psoriasis area and severity index score at week 12 (47% [33.2-60.6]; p<0.0001). During the placebo-controlled period (weeks 0-12), adverse events arose in 46 (61%) patients in Group 1 and 44 (63%) in Group 2; serious adverse events were recorded in three (4%) Group 2 patients (none in Group 1). **INTERPRETATION:** Ustekinumab significantly reduced signs and symptoms of psoriatic arthritis and diminished skin lesions compared with placebo, and the drug was well tolerated. Larger and longer term studies are needed to further characterise ustekinumab efficacy and safety for treatment of psoriatic arthritis.

PMID: 19217154 [PubMed - indexed for MEDLINE]

Related articles

- ▶ Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 52-week results from a randomised, double-blind, placebo-controlled, crossover trial [Lancet. 2008]
- ▶ Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 76-week results from a randomised, double-blind, placebo-controlled, crossover trial [Lancet. 2008]
- ▶ Repeated subcutaneous injections of IL12/23 p40 neutralising antibody, ustekinumab, in patients with relapsing-remitting multiple sclerosis [Lancet Neurol. 2008]
- ▶ **Review** Etanercept and infliximab for the treatment of psoriatic arthritis: a systematic review and economic evaluation. [Health Technol Assess. 2006]
- ▶ **Review** Etanercept and efalizumab for the treatment of psoriasis: a systematic review. [Health Technol Assess. 2006]

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Ustekinumab, a human interleukin 12/23 monoclonal antibody, for psoriatic arthritis: randomised, double-blind, placebo-controlled, crossover trial

gottlieb menter (19)

PubMed

# Using MeSH (Medical Subject Headings) for drug therapy

The screenshot shows the MeSH website interface. At the top, it says "A service of the National Library of Medicine and the National Institutes of Health". The MeSH logo is prominent. Below the logo, there are navigation tabs for "All Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", "PMC", "Journals", and "Books". A search bar contains "MeSH" and "for gout". There are "Go" and "Clear" buttons. Below the search bar, there are buttons for "Limits", "Preview/Index", "History", "Clipboard", and "Details". A "Display" dropdown is set to "Full", "Show" is set to "20", and there is a "Send to" dropdown. A red arrow points from the "Send to" dropdown to the "Send to Search Box" link in the instructions below.

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search MeSH for gout Go Clear

Limits Preview/Index History Clipboard Details

Display Full Show 20 Send to

All: 1

- If making selections (e.g., Subheadings, etc.), use the [Send to Search Box](#) feature to see PubMed records with those specifications.
- Select PubMed under the Links menu to retrieve all records for the MeSH Term.
- Select [NLM MeSH Browser](#) under the Links menu for additional information.

1: **Gout** Links

Hereditary metabolic disorder characterized by recurrent acute arthritis, hyperuricemia and deposition of sodium urate in and around the joints, sometimes with formation of uric acid calculi.

Subheadings: This list includes those paired at least once with this heading in MEDLINE and may not reflect current rules for allowable combinations.

blood  cerebrospinal fluid  chemically induced  chemistry  classification  complications  congenital  diagnosis  diet therapy  drug therapy  economics  enzymology  epidemiology  ethnology  etiology  genetics  history  immunology  metabolism  microbiology  mortality  nursing  parasitology  pathology  physiology  physiopathology  prevention and control  psychology  radiography  radionuclide imaging  radiotherapy  rehabilitation  statistics and numerical data  surgery  therapy  ultrasonography  urine  veterinary

Restrict Search to Major Topic headings only.

Do Not Explode this term (i.e., do not include MeSH terms found below this term in the MeSH tree).

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Journals Database  
MeSH Database  
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NLM Catalog  
NLM Gateway  
TOXNET  
Consumer Health  
Clinical Alerts  
ClinicalTrials.gov  
PubMed Central

- ❑ 5: [Prednisolone and naproxen both work for pain relief in acute gout.](#)  
Lundberg GD.  
Medscape J Med. 2008;10(9):207. Epub 2008 Sep 4. No abstract available.  
PMID: 19008969 [PubMed - indexed for MEDLINE]  
[Related Articles](#)   [Free article in PMC](#)
- ❑ 6: [Co-present rheumatoid arthritis and gout successfully treated with abatacept.](#)  
Puszczewicz MJ, Ociepa-Zawal M.  
Clin Rheumatol. 2009 Jan;28(1):105. Epub 2008 Nov 11. No abstract available.  
PMID: 19002547 [PubMed - indexed for MEDLINE]  
[Related Articles](#)
- ❑ 7: [Painful knee locking caused by gouty tophi successfully treated with allopurinol.](#)  
Chatterjee S, Ilaslan H.  
Nat Clin Pract Rheumatol. 2008 Dec;4(12):675-9. Epub 2008 Nov 11.  
PMID: 19002128 [PubMed - indexed for MEDLINE]  
[Related Articles](#)
- ❑ 8: [Effects of febuxostat versus allopurinol and placebo in reducing serum urate in subjects with hyperuricemia and gout: a 28-week, phase III, randomized, double-blind, parallel-group trial.](#)  
Schumacher HR Jr, Becker MA, Wortmann RL, Macdonald PA, Hunt B, Streit J, Lademacher C, Joseph-Ridge N.  
Arthritis Rheum. 2008 Nov 15;59(11):1540-8.  
PMID: 18975369 [PubMed - indexed for MEDLINE]  
[Related Articles](#)
- ❑ 9: [Gout management: let's get it right this time.](#)  
Sundy JS.  
Arthritis Rheum. 2008 Nov 15;59(11):1535-7. No abstract available.  
PMID: 18975368 [PubMed - indexed for MEDLINE]  
[Related Articles](#)



NEW

## Advanced Search

[Details](#) <sup>?</sup>

### PubMed Search History

- Search History will be lost after eight hours of inactivity.
- Search numbers may not be continuous; all searches are represented.
- To save search indefinitely, click query # and select Save in My NCBI.
- To combine searches use #search, e.g., #2 AND #3 or click query # for more options.

Search	Most Recent Queries	Time	Results
#1	Search asthma hispanics	17:22:50	294

### Search by Author, Journal, Publication Date, and more

Fill in any or all of the fields below, as needed.

All of these (AND)     Any of these (OR)

Author

Journal

Publication Date  to  present

(yyyy/mm/dd - month and day are optional)

[Click here](#) [Add More Citation Search Fields](#)

### Limit by Topics, Languages, and Journal Groups

**Full Text, Free Full Text, and Abstracts**

Links to full text     Links to free full text     Abstracts

**Humans or Animals**

Humans  
 Animals

**Gender**

Male  
 Female

**Type of Article**

Letter   
 Meta-Analysis   
 Practice Guideline  
 Randomized Controlled Trial

**Languages**

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 French  
 German  
 Italian

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- Single Citation Matcher
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**#2 Strategy:  
Clinical Queries**

This page provides the following specialized PubMed searches for clinicians:

- [Search by Clinical Study Category](#)
- [Find Systematic Reviews](#)
- [Medical Genetics Searches](#)

After running one of these searches, you may further refine your results using PubMed's [Limits](#) feature.

Results of searches on these pages are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#) directly.

## Search by Clinical Study Category

This search finds citations that correspond to a specific clinical study category. The search may be either broad and sensitive or narrow. The search filters are based on the work of [Haynes RB et al.](#) See the [filter table](#) for details.

Search

Category	Scope
<input type="radio"/> etiology	<input checked="" type="radio"/> narrow, specific search
<input type="radio"/> diagnosis	<input type="radio"/> broad, sensitive search
<input checked="" type="radio"/> therapy	
<input type="radio"/> prognosis	

## Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based consensus development conferences, and guidelines.

For more information, see [Help](#). See also [related sources](#) for systematic review searching.

Search

## Medical Genetics Searches

This search finds citations and abstracts related to various topics in medical genetics. See the [filter table](#) for details.

PubMed

Nucleotide

Protein

Genome

Structure

OMIM

PMC

Journals

Bo

for (zinc common cold) AND (randomized controlled trial) Go Clear Save Search

Limits Preview/Index History Clipboard\* Details

Limits: **Humans, Randomized Controlled Trial, English**

Display Summary Show 20 Sort By Send to

All: 20 University of Washington Availability: 16

Items 1 - 20 of 20

1: [Kurugol Z, Akilli M, Bayram N, Koturoglu G.](#)

Related Articles

The prophylactic and therapeutic effectiveness of zinc sulphate on common cold in children.  
Acta Paediatr. 2006 Oct;95(10):1175-81.  
PMID: 16982486 [PubMed - indexed for MEDLINE]

2: [Eby GA, Halcomb WW.](#)

Related Articles

Ineffectiveness of zinc gluconate nasal spray and zinc orotate lozenges in common-cold treatment: a double-blind, placebo-controlled clinical trial.  
Altern Ther Health Med. 2006 Jan-Feb;12(1):34-8.  
PMID: 16454145 [PubMed - indexed for MEDLINE]

3: [Silk R, LeFante C.](#)

Related Articles

Safety of zinc gluconate glycine (Cold-Eeze) in a geriatric population: a randomized, placebo-controlled, double-blind trial.  
Am J Ther. 2005 Nov-Dec;12(6):612-7.  
PMID: 16280656 [PubMed - indexed for MEDLINE]

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Search



Category	Scope
<input type="radio"/> etiology	<input checked="" type="radio"/> narrow, specific search
<input type="radio"/> diagnosis	<input type="radio"/> broad, sensitive search
<input checked="" type="radio"/> therapy	
<input type="radio"/> prognosis	

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For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based consensus development conferences, and guidelines.




For more information, see [Help](#). See also [related sources](#) for systematic review searching.

Search



## Medical Genetics Searches

# Results for Systematic Reviews

- 6:** [Hulisz D.](#) Related Articles,  
 Efficacy of zinc against common cold viruses: an overview.  
J Am Pharm Assoc (2003). 2004 Sep-Oct;44(5):594-603. Review.  
PMID: 15496046 [PubMed - indexed for MEDLINE]
- 7:** [Jackson JL, Lesho E, Peterson C.](#) Related Articles,  
 Zinc and the common cold: a meta-analysis revisited.  
J Nutr. 2000 May;130(5S Suppl):1512S-5S.  
PMID: 10801968 [PubMed - indexed for MEDLINE]
- 8:** [Marshall I.](#) Related Articles,  
 Zinc for the common cold.  
Cochrane Database Syst Rev. 2000;(2):CD001364. Review. Update in: [Cochrane Database Syst Rev. 2006;\(3\):CD001364.](#)  
PMID: 10796643 [PubMed - indexed for MEDLINE]


# healthlinks.washington.edu/howto/pubmed


Back Search Favorites Media

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## PubMed at the UW

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?holding=uw>

To watch the instructional video clips (see  VIDEO below) RealOne player is required ([download free player](#))


PubMed provides access to all of MEDLINE back to the mid-1960's and to additional life sciences journals. Updated daily.  VIDEO

### Basic Search Techniques VIDEO


Step 1: Enter your terms

Search PubMed for

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Type any key word or phrase into the search box as shown above. Use an asterisk (\*) to retrieve variations on a word, e.g., *bacter\** retrieves *bacteria*, *bacterium*, *bacteriophage*, etc.  VIDEO

- **For a Subject Search:** Enter one or more words (e.g., *asthma drug therapy*) in the **query box** and click on **Go**. PubMed automatically combines (**ANDs**) terms together so that all terms or concepts are present and "translates" your words into MeSH terms.
- **For an Author Search:** Enter the author's name in the format of last name first followed by initials (e.g., *byrnes ca*).
- **For a Journal Search:** To retrieve articles from a specific journal use *PubMed's Journals Database* or *Single Citation Matcher* features (available from the left



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### Instructional Video Clips

- [Introduction](#) (1:54)
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- [Ordering articles](#) (2:13)
- [Documenting your search strategy](#) (0:31)
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- [Clinical queries](#) (2:46)
- [MeSH Browser](#) (3:04)
- [Additional Help](#) (0:28)

Internet

# NLM Gateway

[gateway.nlm.nih.gov/gw/Cmd](http://gateway.nlm.nih.gov/gw/Cmd)

- Provides "one-stop shopping" for many of NLM's databases
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  - NLM Catalog - catalog information for books, serial titles, audiovisuals
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  - **DART**® - Developmental and Reproductive Toxicology
  - MedlinePlus® - consumer health information
  - **ClinicalTrials.gov** - information for the public about clinical trials
  - DIRLINE® - Directory of Health Organizations
  - Genetics Home Reference™ - consumer info for genetic conditions
  - **Household Products Database**
  - HSRProj - health services research projects
  - OMIM - Online Mendelian Inheritance in Man
  - **HSDB**® - Hazardous Substances Data Bank **AND MORE...**

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## Bibliographic Resources

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[DART](#) - Developmental and Reproductive Toxicology

[Meeting Abstracts](#)

## Consumer Health Resources

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[ClinicalTrials.gov](#)

[DIRLINE](#) - Directory of Health Organizations

[Genetics Home Reference](#)

[Household Products Database](#)

# CINAHL or [CINAHL Plus] (\$)

*cinahl.com*

- Cumulative Index to Nursing and Allied Health Literature
- Provides coverage from 1982 [1937] to date, of nursing and 17 allied health disciplines literature
- 1700+ [3800+] journals indexed including virtually all English-language nursing journals
- Can easily search for **Research** articles

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Search

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and postmenopause or menopause

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## Search Options

Search modes ?

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Apply related words

Also search within the full text of the articles

## Limit your results

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Journal Subset

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Peer Reviewed

Exclude Pre-CINAHL

Exclude MEDLINE records

Clinical Queries

All  
Therapy - High Sensitivity  
Therapy - High Specificity  
Therapy - Best Balance


Publication Type

All  
Abstract  
Accreditation

# CINAHL Results

8. [Treatment of vasomotor symptoms of menopause with black cohosh, multibotanicals, soy, hormone therapy, or placebo.](#) (includes abstract); Newton KM; Reed SD; LaCroix AZ; Grothaus LC; Ehrlich K; Guiltinan J; Annals of Internal Medicine, 2006 Dec 19; 145 (12): 869-79, I-25 (journal article - clinical trial, consumer/patient teaching materials, **research**, tables/charts) ISSN: 0003-4819 PMID: 17179056 CINAHL AN: 2009373837

Abstract: BACKGROUND: Herbal supplements are widely used for vasomotor symptoms. OBJECTIVE: To test the efficacy of 3 herbal regimens and hormone therapy for relief of vasomotor symptoms compared with placebo. DESIGN: 1-year randomized, double-blind, placebo-controlled trial conducted from May 2001 to September 2004. SETTING: Group Health, Washington State. PARTICIPANTS: 351 women age 45 to 55 years with 2 or more vasomotor symptoms per day; 52% of the women were in menopausal transition and 48% were postmenopausal. MEASUREMENTS: Rate and intensity of vasomotor symptoms (1 = mild to 3 = severe), and Wiklund Vasomotor Symptom Subscale. INTERVENTIONS: 1) **Black cohosh**, 160 mg daily; 2) multibotanical with **black cohosh**, 200 mg daily, and 9 other ingredients; 3) multibotanical plus dietary soy counseling; 4) conjugated equine estrogen, 0.625 mg daily, with or without medroxyprogesterone acetate, 2.5 mg daily; or 5) placebo. RESULTS: Vasomotor symptoms per day, symptom intensity, Wiklund Vasomotor Symptom Subscale score did not differ between the herbal interventions and placebo at 3, 6, or 12 months or for the average over all the follow-up time points ( $P \geq 0.05$  for all comparisons) with 1 exception: At 12 months, symptom intensity was significantly worse with the multibotanical plus soy intervention than with placebo ( $P = 0.016$ ). The difference in vasomotor symptoms per day between placebo and any of the herbal treatments at any time point was less than 1 symptom per day; for the average over all the follow-up time points, the difference was less than 0.55 symptom per day. The difference for hormone therapy versus placebo was -4.06 vasomotor symptoms per day for the average over all the follow-up time points (95% CI, -5.93 to -2.19 symptoms per day;  $P < 0.001$ ). LIMITATIONS: The trial did not simulate the whole-person approach used by naturopathic physicians. Differences between treatment groups smaller than 1.5 Vasomotor symptoms per day cannot be ruled out. CONCLUSION: **Black cohosh** used in isolation, or as part of a multibotanical regimen, shows little potential as an important therapy for relief of vasomotor symptoms. Clinical Trials Registration number: NCT00169299.


 [PDF Full Text](#)

 [Add to folder](#) | [Times Cited in this Database: \(5\)](#)

9. [Phase III double-blind, randomized, placebo-controlled crossover trial of black cohosh in the management of hot flashes: NCCTG Trial N01CC1.](#)

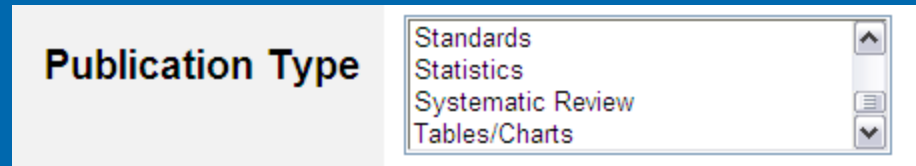
(includes abstract); Pockaj BA; Gallagher JG; Loprinzi CL; Stella PJ; Barton DL; Sloan JA; Lavoisier BI; Rao RM; Fitch TR; Rowland KM; et al.; Journal of Clinical Oncology, 2006 Jun 20; 24 (18): 2836-41 (journal article - clinical trial, **research**) ISSN: 0732-183X PMID: 16782922 CINAHL AN: 2009213332

Abstract: PURPOSE: Hot flashes can cause significant morbidity in postmenopausal women undergoing or finished with breast cancer treatment. **Black cohosh** has been used to treat hot flashes, but definitive clinical data about efficacy have been equivocal. METHODS: A double-blind, randomized, cross-over clinical trial with two 4-week periods, was used to study the efficacy of **black cohosh** (1 capsule, Cimicifuga racemosa 20 mg BID) for the treatment of hot flashes in women. Participants kept a daily hot flash diary during a baseline week and then during two 4-week crossover treatment periods. Hot flash scores were measured by assigning points (1 to 4 for mild to very severe) to each hot flash based on severity and then adding the points for a given time period. RESULTS: Between October 31, 2003, to March 4, 2004, 132 patients were randomly assigned. Toxicity was minimal and not different by treatment group. Patients receiving **black cohosh** reported a mean decrease in hot flash score of 20% (comparing the fourth treatment week to the baseline week) compared with a 27% decrease for patients on placebo ( $P = .53$ ). Mean hot flash frequency was reduced 17% on **black cohosh** and 26% on placebo ( $P = .36$ ). Patient treatment preferences were measured after completion of both treatment periods by ascertaining which treatment period, if any, the patient preferred. Thirty-four percent of patients preferred the **black cohosh** treatment, 38% preferred the placebo, and 28% did not prefer either treatment. CONCLUSION: This trial failed to provide any evidence that **black cohosh** reduced hot flashes more than the placebo.

 [Add to folder](#)

# CINAHL Publication Type Limits

- Clinical trial
- Critical path
- Practice guidelines
- Research
- Standards
- Systematic review



## Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature

### What is CINAHL Plus?

CINAHL Plus with Full Text provides access to the literature in nursing and 17 allied health disciplines dating back to 1937. Over 3500 journals are indexed including virtually all English language nursing journals along with selected titles in biomedicine, alternative therapies, and consumer health. It also offers access to Evidence-Based Care Sheets, searchable cited references, and over 300 research instrument descriptions.

### Getting Connected

Connect through the HealthLinks > Resources > Databases page, or type CINAHL Plus in the Search box on the upper right corner of HealthLinks and follow the link.



Search HealthLinks

- Searching for research instruments:
  - Search for a description of an instrument and possible full text using the research instrument Publication Type (PT): Type *Rosenberg self esteem scale* in one Search box and *research instrument* in another and select the Publication Type field.
  - Search for studies that use a particular instrument by using the Instrumentation (IN): Type *Rosenberg self esteem scale* and choose the Instrumentation field.

### Step 3: Combining Sets/Search History

- Click  next to the search box to remove the current search terms.
- Click  and select the search sets to combine by clicking the Add Search box, choose the desired Boolean operator (AND, OR, etc) from the Combine search with drop down box, and then  and .
- Alternatively, combine results by typing a search number into a new Search box, i.e. *and s2* or *( keyword(s) and s1)*, and click .

# E-Journals

- Check with **your library** for access to full-text e-journals
- For **UW Affiliates**: use the Proxy service to access full-text e-journals from off-campus *[healthlinks.washington.edu/howto/connect](http://healthlinks.washington.edu/howto/connect)*
- **HEAL-WA** is here! *CINAHLplus* there.

# Open Access Journal Sites

## ➤ BioMed Central



[biomedcentral.com](http://biomedcentral.com)

- Independent publishing house providing immediate free access to peer-reviewed biomedical research
- Includes *BMC Nursing*

## ➤ PubMed Central



[pubmedcentral.gov](http://pubmedcentral.gov)

- National Library of Medicine's free digital archive of biomedical and life sciences journal literature



*heal-wa.org*

- Health Evidence Resource for Washington
- Began: January 2009
- Website offering online access to a collection of health information resources
- Who has access? selected health care providers in Washington **YES, NURSES !**
- Funded by: license fees
- Its mission: to provide evidence-based information to support patient care

# What is included in HEAL-WA?

- Resources such as electronic databases, online texts, and e-journals
- Gives practitioners access to timely, evidence-based answers to patient care Q's
- Includes information resources specific to nurses, such as:
  - *CINAHL Plus*
  - *Nursing Reference Center*

# And more in HEAL-WA

## ➤ Other excellent resources:

- *DynaMed*
- *Cochrane Library*
- *Natural Standard*

## ➤ Additional drug resources:

- *AHFS Drug Information*
- *Davis' Drug Guide for Nurses*
- *LactMed*

## Professional Toolkits

- Acupuncturist
- Chiropractor
- Massage Practitioner
- Mental Health Counselor, Psychologist, Licensed Social Worker
- Naturopath
- Optometrist
- Physician, PA, ARNP
- Podiatrist
- Registered Nurse

## News

PsycInfo and other databases now available  
Mar 06, 2009

New eBooks available on HEAL-WA  
Feb 05, 2009

Natural Standard database added to HEAL-WA  
Jan 30, 2009

## Welcome to HEAL-WA

HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State. Its mission is to provide evidence-based information to support patient care.

### Getting Started

Certain resources in HEAL-WA (indicated by a lock ) require a HEAL-WA access code (UW NetID) and password for access.

**Set up HEAL-WA access** - If you need to set up a HEAL-WA access code (UW NetID) and password, or if you have a UW NetID and need to add HEAL-WA affiliation to it, see the instructions on the [Getting Started](#) page.

If you have already set up your HEAL-WA access code (UW NetID) and password, log in to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of the screen.

Dec 19, 2008 08

## Diagnosis & Therapy

- [Dynamed \(Diseases & Conditions\)](#)
- [Merck Manual of Diagnosis and Therapy](#)
- [Merck Manual of Geriatrics](#)

## Guidelines & Evidence

- [Cochrane Database of Systematic Reviews](#)
- [Clinical Information from the Agency for Healthcare Research and Quality](#)
- [National Guideline Clearinghouse](#)
- [PubMed Clinical Queries](#)

## Search for Articles

[PubMed Search](#)

## Drugs, Labs, Diagnostic Tests

- [AHFS Drug Information® \(2008\)](#)
- [Drug Information Portal](#)
- [LactMed](#)

## Complementary & Alternative Medicine

- [AMED \(Alternative & Natural Medicine Database\)](#)
- [Alt-HealthWatch](#)
- [Natural Standard](#)

## Prevention, Screening, Immunizations

- [Guide to Clinical Preventive Services](#)





## Patient Care Management

- [Nursing Reference Center](#)
- [CINAHL \(Nursing Literature\)](#)
- [Nursing Calculators](#)

## Information for Patients




- [AHFS Consumer Medication Information](#)
- [MedlinePlus - Health Information for Patients](#)
- [MedlinePlus Health Information in Other Languages \(for patients\)](#)
- [Merck Manual - Home Edition](#)

## Professional Toolkits

-  Acupuncturist
-  Chiropractor
-  Massage Practitioner
-  Mental Health Counselor, Psychologist, Licensed Social Worker
-  Naturopath
-  Optometrist
-  Physician, PA, ARNP
-  Podiatrist
-  Registered Nurse

## Registered Nurse




### Nursing Resources

-  [Nursing Reference Center](#)
-  [CINAHL \(Nursing Literature\)](#)
-  [PubMed Search](#)

### Calculators & Tools

-  [Nursing Calculators](#)

### Drugs, Labs, & Diagnostic Tests

-  [Davis's Drug Guide for Nurses - 11th Ed. \(2009\)](#)
-  [Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses - 7th Ed. \(2008\)](#)
-  [Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests - with Nursing Implications - 2nd Ed. \(2006\)](#)



### Complementary & Alternative Medicine

-  [Natural Standard](#)

### Patient Education

-  [Detailed Drug Information for the Consumer](#)
-  [MedlinePlus - Health Information for Patients](#)
-  [National Center for Complementary and Alternative Medicine Health Topics A-Z](#)

## Professional Toolkits



-  [Acupuncturist](#)
-  [Chiropractor](#)
-  [Massage Practitioner](#)
-  [Mental Health Counselor, Psychologist, Licensed Social Worker](#)
-  [Naturopath](#)
-  [Optometrist](#)
-  [Physician, PA, ARNP](#)
-  [Podiatrist](#)
-  [Registered Nurse](#)

## Physician, PA, ARNP

### Diagnosis & Therapy




-  [Dynamed \(Diseases & Conditions\)](#)
-  [Merck Manual of Diagnosis and Therapy](#)
-  [Current Medical Diagnosis & Treatment \(2009\)](#)

### Search for Articles

-  [PubMed Clinical Queries](#)
-  [PubMed Search](#)

### Drugs

-  [AHFS Drug Information® \(2008\)](#)
-  [Drug Information Portal](#)
-  [LactMed](#)

### Tools & Calculators

-  [MedCalc3000](#)

### Information for Patients

-  [MedlinePlus - Health Information for Patients](#)
-  [MedlinePlus Health Information in Other Languages \(for patients\)](#)

### Complementary & Alternative

-  [Natural Standard](#)

# *Search for Clinical Practice Guidelines*



# Clinical Practice Guidelines

- Systematically developed statements of appropriate care designed to assist the practitioner and patient make decisions about appropriate health care for specific clinical circumstances
- Usually based on the most current available research if from reputable, authoritative organizations
- Developed using widely varying standards
  - *Cost* may be considered as well as *health outcomes* or *politics*

# Practice Guidelines Resources

- National Guideline Clearinghouse [guideline.gov](http://guideline.gov)
- Nursing Consult (\$) [nursingconsult.com](http://nursingconsult.com)
- Nursing Reference Center (\$) [on HEAL-WA] [ebscohost.com](http://ebscohost.com)
- PubMed [pubmed.gov](http://pubmed.gov)
- CINAHL/CINAHL Plus (\$) [on HEAL-WA] [cinahl.com](http://cinahl.com)
- Google or Advanced Google or Google Scholar  
[google.com](http://google.com)  
[google.com/advanced\\_search?hl=en](http://google.com/advanced_search?hl=en)  
[scholar.google.com](http://scholar.google.com)



- ▶ Search
- ▶ Browse
- ▶ Compare
- ▶ Resources

Search  
**Adult asthma treatment**

Results per page 20

Search

- [Search Help](#)
- [Detailed Search](#)
- [Frequent Searches](#)

### Browse

- » [Disease / Condition](#)
- » [Treatment / Intervention](#)
- » [Measure](#)
- » [Organization](#)
- » [Guideline Index](#)
- » [Guidelines In Progress](#)
- » [Guideline Archive](#)

### Compare

- » [View My Collection](#)
- » [Guideline Syntheses](#)

## NGC Search Results

[Search Help](#) | [Guideline Comparison Help](#) | [Guideline Views](#) | [Quick Search Tips](#)

Your search criteria:

**Keyword:** *adult asthma treatment*

Your search found 168 related guidelines, which are listed below by relevance. Use the "Limit Search" button to sort by publication date.

To view a guideline summary, click on a title below.

Limit Search

Select All

Add to My Collection

Next 20

Items 1 to 20

### Title

[Adult asthma clinical practice guidelines.](#) Kaiser Permanente Care Management Institute - Managed Care Organization. 2007 Apr. 197 pages. NGC:005880

[Other Guidelines from this Developer](#)

[Advanced life support: 2005 International Consensus Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations.](#) American Heart Association - Professional Association. 2005 Nov 29. 30 pages. NGC:004733

[Other Guidelines from this Developer](#)

[Management of asthma.](#) National Medical Research Council (Singapore Ministry of Health) - National Government Agency [Non-U.S.] Singapore Ministry of Health - National Government Agency [Non-U.S.]. 2002 Jan (revised 2008 Jan). 80 pages. NGC:006366



**GUIDELINE TITLE**

**Adult asthma** clinical practice guidelines.

**BIBLIOGRAPHIC SOURCE(S)**

Kaiser Permanente Care Management Institute. **Adult asthma** clinical practice guidelines. Oakland (CA): Kaiser Permanente Care Management Institute; 2007 Apr. 197 p. [209 references]

**GUIDELINE STATUS**

This is the current release of the guideline.

**BRIEF SUMMARY CONTENT**

[RECOMMENDATIONS](#)

[EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)

[IDENTIFYING INFORMATION AND AVAILABILITY](#)

[DISCLAIMER](#)

[Go to the Complete Summary](#)

**RECOMMENDATIONS****MAJOR RECOMMENDATIONS**

Definitions of the levels of evidence (evidence-based A-D, I and consensus-based) are provided at the end of the "Major Recommendations" field.

**I. Stepwise Medical Management of Persistent **Asthma******A. First-Line Drug Therapy For Patients With Persistent **Asthma****

1. It is strongly recommended that patients with persistent **asthma** be started on a low to medium dose of inhaled corticosteroid (ICS) as a first-line **treatment**. **(Evidence-Based: A)**
2. Inhaled long-acting beta-agonists (LABA), leukotriene antagonists, cromolyn sodium, or nedocromil are NOT recommended as first-line drug therapy. **(Evidence-Based: D)**

**B. Second-Line Drug Therapy for Patients with Persistent **Asthma****

1. An inhaled long-acting beta-agonist (LABA) combined with an inhaled corticosteroid (ICS) is strongly recommended for patients whose persistent **asthma** is chronically uncontrolled on ICS alone (Refer to the section "Assessing **Asthma** Control in Patients with **Asthma**" below). **(Evidence-Based: A)**
2. Leukotriene antagonists are an option for those who cannot tolerate or do not respond to long-acting beta-agonists. **(Consensus-Based)**

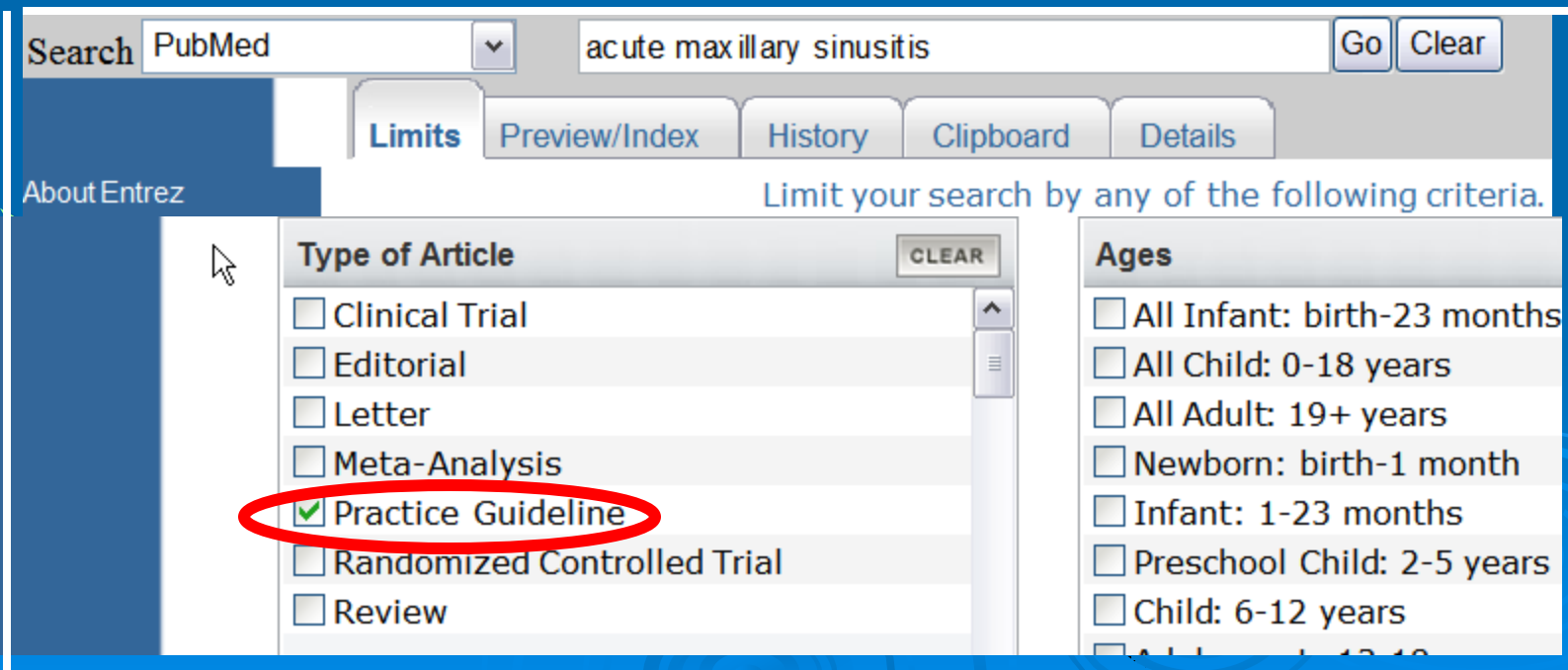
# National Guideline Clearinghouse Guideline Comparison

## Guideline Comparison

<b>GUIDELINE TITLE</b>	<a href="#">Adult asthma clinical practice guidelines.</a>	<a href="#">Managing asthma during pregnancy: recommendations for pharmacologic treatment.</a>
<b>DATE RELEASED</b>	2007 Apr	2005 Jan
<b>GUIDELINE DEVELOPER(S)</b>	Kaiser Permanente Care Management Institute - Managed Care Organization	National Heart, Lung, and Blood Institute (U.S.) - Federal Government Agency [U.S.]
<b>GUIDELINE OBJECTIVE(S)</b>	To provide recommendations (evidence-based and consensus-based) on the diagnosis, treatment, and management of asthma in adult patients	To improve asthma care and the quality of life for pregnant and lactating women with asthma and their families
<b>INTENDED USERS</b>	Advanced Practice Nurses Managed Care Organizations Nurses Pharmacists Physician Assistants Physicians Respiratory Care Practitioners	Advanced Practice Nurses Nurses Physician Assistants Physicians Respiratory Care Practitioners
<b>METHODS USED TO COLLECT/SELECT EVIDENCE</b>	Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Hand-searches of Published Literature (Secondary Sources) Searches of Electronic Databases
<b>VIEW MAJOR RECOMMENDATIONS</b>	<a href="#">View Major Recommendations</a>	<a href="#">View Major Recommendations</a>
<b>VIEW AVAILABILITY OF FULL TEXT</b>	<a href="#">View Availability Information</a>	<a href="#">View Full-text Guideline</a>

# Searching for Practice Guidelines in *PubMed*

Limit to **Practice Guideline** under  
Type of Article



The screenshot shows the PubMed search interface. At the top, there is a search bar with the text "acute maxillary sinusitis" and buttons for "Go" and "Clear". Below the search bar, there are several tabs: "Limits", "Preview/Index", "History", "Clipboard", and "Details". The "Limits" tab is active. Underneath, there is a section titled "Limit your search by any of the following criteria." which is divided into two columns: "Type of Article" and "Ages".

In the "Type of Article" column, the following options are listed with checkboxes:

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

The "Practice Guideline" option is circled in red. In the "Ages" column, the following options are listed with checkboxes:


- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years

# Searching for Practice Guidelines in *CINAHL PLUS*

## Limit to **Practice Guidelines** as a Publication Type

[Keyword](#) | [Publications](#) | [CINAHL Headings](#) | [Evidence-Based Care Sheets](#) | [More](#) ▾  
[Sign In to My EBSCOhost](#) | [Folder](#) | [New Features!](#)

Searching: **CINAHL Plus with Full Text** | [Choose Databases](#) »

  in    
  in

[Advanced Search](#) | [Visual Search](#) | [Search History/Alerts](#) | [Preferences](#) »

### Search Options

Search modes <input type="radio"/>	<input checked="" type="radio"/> <b>Boolean/Phrase</b>	Apply related words <input type="checkbox"/>
	<input type="radio"/> <b>Find all my search terms</b>	Also search within the full text of the articles <input type="checkbox"/>
	<input type="radio"/> <b>Find any of my search terms</b>	

Limit your results

# *Search for Evidence Summaries: Point of Care Practice Resources*



# Point of Care Evidence-Based Resources

have *some* level of evidence-based information

- DynaMed (\$) [on HEAL-WA]  
[www.ebscohost.com/dynamed](http://www.ebscohost.com/dynamed)
  - summaries of the best evidence for 3,000+ clinical topics
  - Updated daily
- PEPID (\$) [pepid.com](http://pepid.com)
- UptoDate (\$) [uptodate.com](http://uptodate.com)
  - Concise comprehensive uptodate reviews of clinical topics in specialties
  - Most heavily used clinical e-resource at the UW Health Sciences Libraries

# DynaMed (\$) [on HEAL-WA]

[www.ebscohost.com/dynamed](http://www.ebscohost.com/dynamed)

- Provides summaries of the best evidence for over 3,000 clinical topics
- Can quickly browse and find key recommendations
- Updated daily
- Download available for PDA



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[Browse by Category](#)

## Carpal tunnel syndrome

Search within text [Expand All](#) [Collapse All](#)

### Get CME For This Search

You are viewing a DynaMed summary. Use of DynaMed indicates acceptance of [DynaMed Terms of Use](#). Limitations of DynaMed are contained in [Use](#).

Top

General Information  
(including ICD-9/-10 Codes)

### Carpal tunnel syndrome

Updated 2009 Mar 12 06:04 PM: AAOS guideline on treatment of carpal tunnel syndrome (National Guideline Clearinghouse 2009 Feb 9) [update](#)  
Work Loss Data Institute disability guideline (National Guideline Clearinghouse 2009 Jan 5) [update](#)  
surgery (open carpal tunnel release) is more effective than splinting (Cochrane Database Syst Rev 2008 Oct 8)

Causes and Risk Factors

### Related Summaries:

- [Carpal tunnel steroid injection](#)

Complications and  
Associated Conditions

History

▶ [General Information \(including ICD-9/-10 Codes\)](#)

Physical

▶ [Causes and Risk Factors](#)

Diagnosis

▶ [Complications and Associated Conditions](#)

Prognosis

▶ [History](#)

Treatment

▶ [Physical](#)

Prevention and Screening

▶ [Diagnosis](#)

▶ [Prognosis](#)

References including  
Reviews and Guidelines

▶ [Treatment](#)

▶ [Prevention and Screening](#)

▶ [References including Reviews and Guidelines](#)

Patient Information

▶ [Patient Information](#)

## Treatment overview:

DynaMed

Level 1  
evidence

- treat any underlying disorder
- avoid, reduce or modify exacerbating activities (including ergonomic changes)
- **treatments with randomized trial evidence for short-term efficacy**
  - local corticosteroid injection - systematic review of 12 trials (level 1 [likely reliable] evidence)
  - oral corticosteroids - 2 trials (level 1 [likely reliable] evidence)
  - yoga - 1 trial (level 2 [mid-level] evidence)
  - continuous low-level heat wrap therapy - 1 trial (level 2 [mid-level] evidence)
  - carpal bone mobilization - 1 trial (level 2 [mid-level] evidence)
  - lidocaine patch 5% - 1 trial compared to injection (level 2 [mid-level] evidence)
  - local insulin injection - 1 trial in patients with diabetes (level 2 [mid-level] evidence)
- **treatments with inconsistent evidence for short-term efficacy**
  - splinting (hand brace) (level 2 [mid-level] evidence)
  - exercises (level 2 [mid-level] evidence)
  - pyridoxine (vitamin B6) - likely ineffective (level 2 [mid-level] evidence)
  - therapeutic ultrasound (level 2 [mid-level] evidence)
  - ergonomic keyboards (level 2 [mid-level] evidence)
  - topical steroids via iontophoresis/phonophoresis (level 2 [mid-level] evidence)
- **treatments unlikely to be beneficial** - ineffective in randomized trials
  - NSAIDs (level 2 [mid-level] evidence)
  - diuretics (level 2 [mid-level] evidence)
  - magnet therapy (level 2 [mid-level] evidence)
  - chiropractic care (level 2 [mid-level] evidence)
  - internal neurolysis in conjunction with open carpal tunnel release

Oral steroids:

- **oral steroids for 10-14 days appear to have short-term benefit (2-8 weeks) compared to placebo ([level 2 \[mid-level\] evidence](#))**
  - based on 3 small randomized placebo-controlled trials
  - based on randomized trial with allocation concealment not stated
    - 36 patients with symptomatic carpal tunnel syndrome after 2 months of splinting were randomized to [prednisone](#) 25 mg vs. placebo orally once daily for 10 days
    - prednisolone significantly improved symptoms (vs. placebo) at 2 weeks and 8 weeks
    - Reference - [Ann Rheum Dis 2001 Aug;60\(8\):813 PDF](#)
  - based on small randomized trial
    - 15 patients with carpal tunnel syndrome randomized to [prednisone](#) (20 mg/day for 1 week then 10 mg/day for 1 week) vs. placebo
    - prednisone was effective at 2 weeks (vs. placebo)
    - decreased (non-significant) effectiveness at 4 weeks and 8 weeks
    - Reference - [Neurology 1995 Oct;45\(10\):1923](#)
  - based on 1-month randomized trial
    - 73 patients randomized to 1 of 4 groups (tenoxicam-SR [20 mg daily], trichlormethiazide [2 mg daily], prednisolone [20 mg daily for 2 weeks then 10 mg daily for 2 weeks] or placebo
    - oral prednisolone appears more effective than non-steroidal anti-inflammatory drugs (NSAIDs), diuretics or placebo
    - Reference - [Neurology 1998 Aug;51\(2\):390](#) in J Watch 1998 Sep 15;18(18):146 and in [BMJ 1998 Oct 10;317\(7164\):1024](#), commentary can be found in [J Fam Pract 1998 Nov;47\(5\):336](#)
    - importance of article is that diuretics and NSAIDs do not appear effective compared to placebo (QuickScan Reviews in Fam Pract 1999 Feb;23(11):15)
- **4 weeks of oral steroids may be more effective than 2 weeks but results not statistically significant ([level 2 \[mid-level\] evidence](#))**
  - based on 1 randomized trial
  - 109 patients with carpal tunnel syndrome were given prednisolone 20 mg orally daily for 2 weeks then randomized to prednisolone 10 mg vs. placebo orally daily for 2 weeks
  - 66% vs. 48.2% improved at 4 weeks (not statistically significant), 49% vs. 35.7% improved at 1 year (not statistically significant)
  - Reference - [J Neurol Neurosurg Psychiatry 2002 Dec;73\(6\):710](#)
- **oral steroids may be as or more effective than splinting ([level 2 \[mid-level\] evidence](#))**
  - based on randomized trial with minimal differences
  - 40 patients with carpal tunnel syndrome randomized to splinting (neutral position) for 4 weeks vs. oral steroids (prednisolone 20 mg/day for 2 weeks then 10 mg/day for 2 weeks)
  - symptom severity and functional status scores each ranged 1-5 (1 best, 5 worst)
  - symptom severity scores comparing splinting vs. steroids
    - 2.83 vs. 2.67 at baseline (not significant)
    - 2.48 vs. 2.27 at 1 month (not significant)
    - 2.43 vs. 2.18 at 3 months (not significant)
  - functional status scores comparing splinting vs. steroids
    - 1.74 vs. 1.68 at baseline (not significant)
    - 1.6 vs. 1.48 at 1 month (p = 0.01 for differences)

## Overview of the management of osteoporosis in postmenopausal women

## TOPIC OUTLINE

## INTRODUCTION

## NONPHARMACOLOGIC THERAPY

- Calcium/vitamin D
- Diet
- Exercise
  - Intensity of exercise
- Cessation of smoking

## PHARMACOLOGIC THERAPY

- Candidates for therapy
  - Fracture risk assessment
  - Limitations
- Bisphosphonates
- Selective estrogen receptor modulators
- Estrogen/progestin therapy
- Parathyroid hormone
- Calcitonin
- Calcitriol
- Combination therapy
- Choice of drug
- Other therapies
  - Vitamin K
  - Strontium ranelate
  - Denosumab
  - Tibolone
  - Folate/vitamin B12
  - Growth factors
  - Androgens
  - Isoflavones
  - Fluoride
  - Emerging therapies

## MONITORING THE RESPONSE TO THERAPY

- Changes in BMD
- Guidelines for monitoring

## Overview of the management of osteoporosis in postmenopausal women

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Last literature review version 17.1: January 2009 | This topic last updated: February 9, 2009 (More)

**INTRODUCTION** — Prevention and treatment of osteoporosis consists of non-drug and drug or hormonal therapy [1,2]. An overview of the approach to therapy of osteoporosis in postmenopausal women will be presented here. The diagnosis and evaluation of osteoporosis in postmenopausal women, prevention of osteoporosis, and the management of osteoporosis in men and premenopausal women are discussed separately. (See "Diagnosis and evaluation of osteoporosis in postmenopausal women" and see "Prevention of osteoporosis" and see "Treatment of osteoporosis in men" and see "Evaluation and treatment of premenopausal osteoporosis").

**NONPHARMACOLOGIC THERAPY** — There are three components to the nondrug therapy of osteoporosis: diet, exercise, and cessation of smoking. In addition, affected patients should avoid, if possible, drugs that increase bone loss, such as [glucocorticoids](#). (See "Glucocorticoids and osteoporosis: Pathogenesis and clinical features" and see "Drugs that affect bone metabolism").

**Calcium/vitamin D** — An optimal diet for treatment (or prevention) of osteoporosis includes an adequate intake of calories (to avoid malnutrition), calcium, and [vitamin D](#).

Postmenopausal women (and older men) should take adequate supplemental elemental calcium (generally 500 to 1000 mg/day), in divided doses, at mealtime, such that their total calcium intake, including food calcium, approximates 1500 mg/day [3]. (See "Calcium and vitamin D

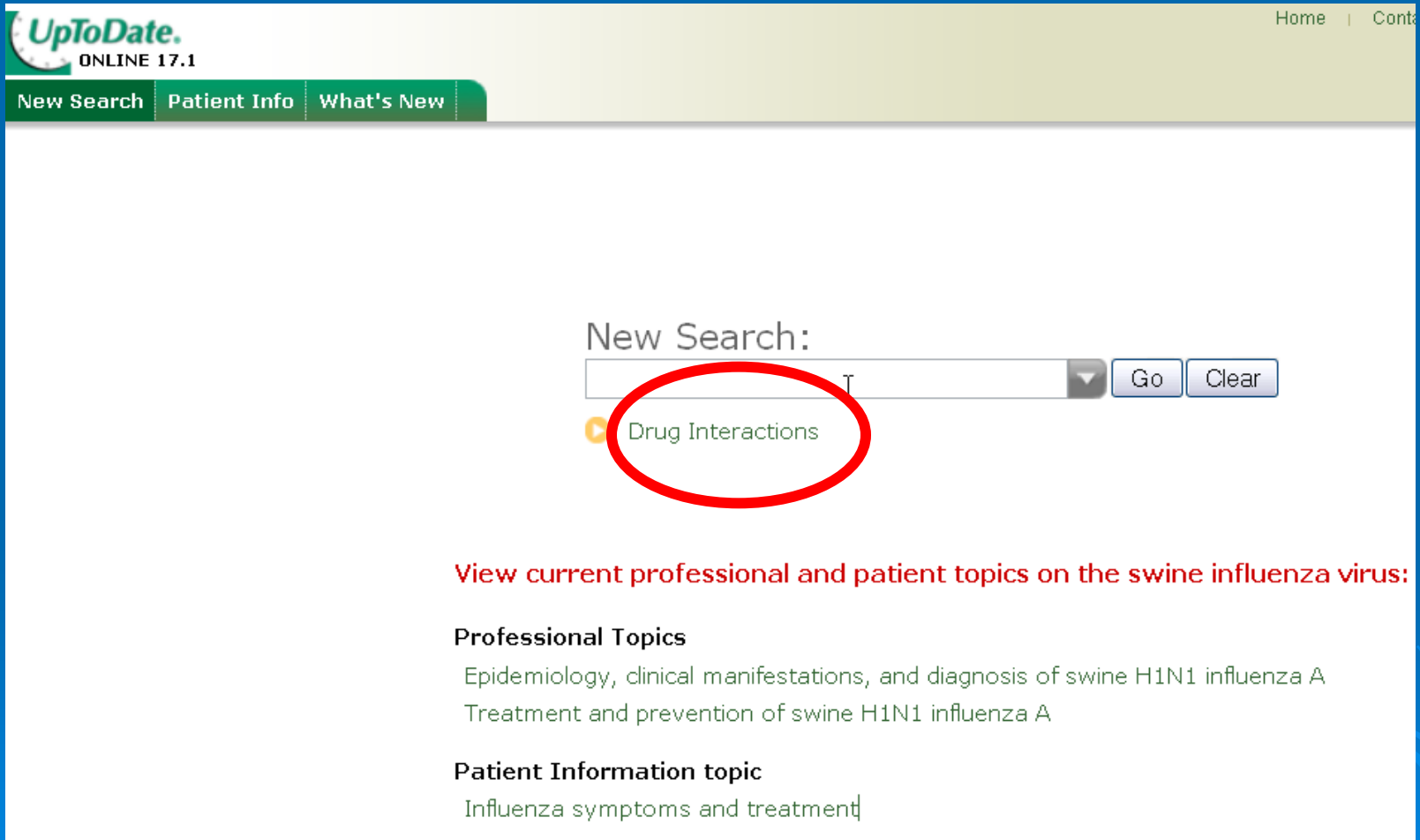
**Bisphosphonates** — [Alendronate](#) (10 mg/day or 70 mg once weekly [orally]) or [risedronate](#) (5 mg/day, 35 mg once weekly, 150 mg once monthly, or 75 mg twice-monthly [orally]), and [ibandronate](#) (150 mg once-monthly [orally] or 3 mg intravenously every three months) are effective for both the prevention and treatment of osteoporosis ([show figure 1](#)) ([show figure 2](#)). [Zoledronic acid](#) (ZA), 5 mg administered intravenously (IV) once yearly, is also effective for the treatment of osteoporosis. These drugs increase bone mass and reduce the incidence of fractures. When bisphosphonates are taken orally, precautions should be taken to avoid esophagitis. Bisphosphonates are discussed in detail elsewhere. (See "Bisphosphonates in the management of osteoporosis in postmenopausal women").

One rare side effect, osteonecrosis of the jaw (ONJ), avascular necrosis of the jaw), has been described in patients receiving bisphosphonate therapy, although the majority of cases have been in cancer patients treated with high-dose intravenous bisphosphonates. This potential complication is described in detail elsewhere. (See "Risks of bisphosphonate therapy in patients with malignancy", section on Osteonecrosis of the jaw).

Data on the impact of protein intake on bone density are conflicting. While some studies suggest that higher protein intake may be associated with a lower risk of hip fractures [6] and bone loss [7-9], others suggest that high protein intake may increase bone resorption and calcium excretion [10]. Thus, given the conflicting data, we do not recommend modifying protein intake as a strategy for preventing bone loss.

**Exercise** — Women with osteoporosis (or seeking to prevent it) should exercise (prudently) for at least 30 minutes three times per week, as exercise has been associated with improvements in or maintenance of bone density, and a reduced risk of hip fracture in older women [11,12].

# UpToDate Drug Interactions



The screenshot shows the UpToDate website interface. At the top left is the UpToDate logo with 'ONLINE 17.1' below it. To the right are links for 'Home' and 'Cont'. Below the logo is a navigation bar with three tabs: 'New Search', 'Patient Info', and 'What's New'. The main content area features a search section titled 'New Search:' with a text input field, a dropdown arrow, and 'Go' and 'Clear' buttons. A dropdown menu is open below the input field, showing 'Drug Interactions' highlighted with a red circle. Below the search section, there is a red heading: 'View current professional and patient topics on the swine influenza virus:'. Under this heading, there are two sections: 'Professional Topics' with sub-points 'Epidemiology, clinical manifestations, and diagnosis of swine H1N1 influenza A' and 'Treatment and prevention of swine H1N1 influenza A'; and 'Patient Information topic' with the sub-point 'Influenza symptoms and treatment'.

UpToDate.  
ONLINE 17.1

Home | Cont

New Search Patient Info What's New

New Search:

Drug Interactions

**View current professional and patient topics on the swine influenza virus:**

**Professional Topics**  
Epidemiology, clinical manifestations, and diagnosis of swine H1N1 influenza A  
Treatment and prevention of swine H1N1 influenza A

**Patient Information topic**  
Influenza symptoms and treatment

Only interactions at or above the selected [risk rating](#) will be displayed.

View interaction detail by clicking on link.

## Ibandronate

**Brand Name** Boniva®

### Interacting Categories

- [C] [Aminoglycosides](#)
- [D] [Antacids](#)
- [D] [Calcium Salts](#)
- [D] [Iron Salts](#)
- [B] [Loop Diuretics](#)
- [D] [Magnesium Salts](#)
- [C] [Nonsteroidal Anti-Inflammato](#)
- [C] [Phosphate Supplements](#)

**Date** May 10, 2009

**Title** Bisphosphonate Derivatives / Antacids

**Risk Rating** D: Consider therapy modification

**Summary** Antacids may decrease the absorption of Bisphosphonate Derivatives. Antacids cont of specific concern. **Severity** Moderate **Onset** Immediate **Reliability Rating** Fair

**Patient Management** Wait at least 30 minutes after taking alendronate or risedronate to take a before or after etidronate or tiludronate.

**Bisphosphonate Derivatives Interacting Members** Alendronate\*; Clodronate; Etidronate Di Tiludronate\* **Exceptions** Pamidronate; Zoledronic Acid

**Antacids Interacting Members** Aluminum Hydroxide; Calcium Carbonate; Magnesium Carbon Trisilicate **Exceptions** Magaldrate; Sodium Bicarbonate

\* Denotes agent(s) specifically implicated in clinical data. Unmarked agents are listed because th and may respond so within the context of the stated interaction.

**Discussion** Manufacturers of the various bisphosphonate derivatives warn that calcium supplem containing divalent cations will interfere with their absorption.<sup>1,2,3,4</sup> The bioavailability of tiludronat aluminum- or magnesium-containing supplements.<sup>3</sup> The divalent cations appear to form insoluble bisphosphonate derivative.

**Footnotes**

# Point of Care EBP Nursing Resources: have some level of evidence-based information (\$)

- Nursing Consult (\$) *nursingconsult.com*
  - includes evidence-based nursing monographs
  - full-text journals and texts
  - practice guidelines
- Nursing Reference Center (\$) [on HEAL-WA]  
*ebscohost.com*
  - includes Evidence-based Care Sheets
  - full-text journals and texts
  - practice guidelines

- Basic Search
- Diseases & Conditions
- Drug Information
- Patient Education
- Practice Resources
- Continuing Education

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Alphabetical  Relevancy Ranked

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- [Benign Prostatic Hyperplasia](#)
- [Benign Prostatic Hyperplasia and Hypertension](#)
- [Betapace](#)
- [Betapace AF](#)
- [Betaxolol \(Betoptic®, Betoptic® S, Kerolone®\)](#)
- [Betoptic](#)
- [Bicalutamide \(Casodex®\)](#)
- [Bimatoprost \(Lumigan®\)](#)
- [Binder's Syndrome](#)
- [Binge-Eating Disorder](#)
- [Bipolar Disorder](#)
- [Bipolar Disorder in Children and Adolescents](#) 
- [Bipolar Disorder in Women](#) 
- [Bipolar Disorder: Effect on Quality of Life](#) 
- [Bipolar Disorder: Psychosocial Interventions](#) 
- [Bipolar Disorder: Treatment of Bipolar Disorder Depression](#) 
- [Bipolar Disorder: Treatment of Bipolar Disorder Mania](#) 
- [Bipolar Disorder: Treatment with Antipsychotics](#) 
- [Bipolar Disorder: Treatment with Lithium](#) 
- [Bipolar Disorder: Treatment with Valproate](#) 



# Nursing Reference Center

➤ “Diseases and Conditions” Section includes:

- **Quick Lessons**

Clinically-organized nursing overviews that are designed to map the nursing work flow

- **Evidence-Based Care Sheets**

Evidence-based summaries on key topics incorporating the best available evidence through rigorous systematic surveillance

Bipolar Disorder: Treatment with Antipsychotics

Contents

[What We Know](#)

[What We Can Do](#)

[References](#)

[Bibliography](#)

[Reviewer\(s\)](#)

Evidence-Based Care Sheet

By: Suzanne Pinto, MSW

Edited by: Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems

[What We Know](#)

• Bipolar disorder (BD) is a chronic psychiatric disorder characterized by recurrent, alternating episodes of depression and mania. Two types exist: BD I, which is characterized by one or more manic or mixed (symptoms of both mania and depression) episodes, usually with a major depressive episode; and BD II, which is characterized by one or more major depressive episodes with at least one mild episode (hypomania) of

mania. Episodes usually last for 1 week or more, and four or more episodes (rapid cycling) may occur in a year<sup>(1)(8)</sup>

• Symptoms of BD<sup>(1)(8)</sup>

◦ Manic symptoms—euphoria, racing thoughts, frequently switching from one idea to another, poor judgment, risk-taking behavior (e.g., drug use, reckless driving, promiscuity), buying sprees, distractibility, decreased need for sleep, psychomotor agitation, catatonic symptoms (e.g., mutism, motor excitement), and loud, rapid, disorganized, or incoherent speech

◦ Depressive symptoms—sadness, anxiety, guilt, hopelessness, sleep and appetite disturbances, fatigue, lack of interest in pleasurable activities, restlessness, irritability, and **suicidal ideation**

◦ Psychotic symptoms (e.g., delusions, hallucinations) may also be present

• Antipsychotics can be classified as typical (e.g., haloperidol, chlorpromazine) or atypical (e.g., risperidone, olanzapine, quetiapine, aripiprazole, ziprasidone).

Because their side effects are less severe, atypical antipsychotics are preferred over typical antipsychotics in the treatment of BD<sup>(2)(3)(4)(5)(8)</sup>

◦ Lithium or the anticonvulsant valproate is generally used as the first-line of treatment for mixed or manic episodes. Combining antipsychotics with lithium or valproate is more effective in the treatment of mixed or manic episodes than monotherapy with lithium or valproate. Lithium or the anticonvulsant lamotrigine is generally used as the first-line of treatment for depressive episodes. Antipsychotics are generally not indicated for depressive episodes, except for depressive episodes with psychotic features, in which case they are usually added to the first-line of treatment. Antipsychotics are generally not indicated for BD maintenance therapy, except in cases with persistent psychosis or to prevent episodes<sup>(8)</sup>

◦ Antipsychotics usually come in tablet, orally disintegrating tablet, and liquid solution forms, and are usually taken 1 to 3 times a day. Side effects include drowsiness, dizziness, diarrhea, constipation, weight gain, and extrapyramidal symptoms (EPS), including akathisia, dystonia, and tardive dyskinesia<sup>(2)(3)(4)(5)</sup>

◦ Special populations

■ Older adults (over 65 years of age) taking antipsychotics are at risk for EPS and orthostatic hypotension<sup>(8)</sup>

■ Women<sup>(8)</sup>

■ Antipsychotics can cause galactorrhea, sexual dysfunction, menstrual disorders, and infertility in women

■ Antipsychotics may be used to treat mania or psychosis in pregnancy. High-potency antipsychotics are less likely to have anticholinergic, antihistaminergic, and hypotensive effects. Neonates may experience short-term EPS. Long-acting depot preparations of antipsychotics are not recommended during pregnancy

◦ Efficacy of treatment with antipsychotics

■ A systematic review of studies assessing the efficacy of risperidone found that<sup>(10)</sup>

■ risperidone alone or in combination with lithium or an anticonvulsant is more effective than placebo in the treatment of BD mania

Related Information

• [Quick Lessons](#)

• [Evidence-Based Care Sheets](#)

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• [Legal Cases](#)

• [News](#)

• [Clinical Updates](#)

# Nursing Reference Center

## EVIDENCE-BASED CARE SHEET

I

### Stroke and Hormone Replacement Therapy

#### What We Know

- ▶ Stroke (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on stroke) is a **medical emergency** that occurs as a result of cerebral ischemia (ischemic stroke) or cerebral hemorrhage (hemorrhagic stroke), reducing the flow of blood and oxygen to the brain and resulting in permanent damage.<sup>(10)</sup>
- ▶ Risk factors for stroke include older age, high blood pressure, high cholesterol, cigarette smoking, heart disease, diabetes, history of transient ischemic attack (TIA), family history of stroke, and alcohol abuse.<sup>(1, 6, 10, 11)</sup>
- ▶ **Facts and figures**
  - Approximately 3 million American women suffered a stroke in 2003<sup>(1)</sup>
  - In the United States, stroke occurs more often in Black women than in White women<sup>(1, 9, 10)</sup>
  - Worldwide, more women than men die from stroke. In 2003, stroke was the third leading cause of death among American women; in 2003, strokes killed 96,000 American women<sup>(1, 4, 6)</sup>
  - Stroke is a leading cause of disability among women<sup>(1)</sup>
- ▶ Menopause (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on menopause) usually occurs between the ages of 45 and 54. Surgery (e.g., hysterectomy) can also result in menopause<sup>(5, 11)</sup>
  - Symptoms of menopause include hot flashes, night sweats, insomnia, vaginal dryness, mood swings, impaired memory, and bone density loss (osteoporosis)
  - Hormone Replacement Therapy (HRT) is the primary treatment used to relieve symptoms of menopause and improve quality-of-life
    - HRT consists of the use of estrogen alone (e.g., conjugated equine estrogen, micronized estradiol, estropipate, or esterified estrogens) or estrogen with progesterone (e.g., medroxyprogesterone acetate) or progestin (e.g., megestrol)
    - HRT drugs comes in oral form, as a transdermal skin patch, and as a vaginal cream/gel, ring, and tablet
    - HRT is usually taken daily or cyclically and often taken for less than 5 years
- ▶ Because of its ability to lower cholesterol, estrogen was once believed to decrease the risk of cardiovascular disease. However, **research in the past 2 decades has shown that estrogen may increase the risk of stroke.**<sup>(8)</sup> **The exact mechanism by which estrogen increases this risk is unclear**



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# Drug information in Nursing Reference Center

## Drug Information

[◀ Back](#)

 [HTML Full Text](#)  [Citation](#)

 [Print](#)  [E-mail](#)  [Save](#)  [Export](#)  [Add to folder](#)

**Title:** *Risperidone* By: Deglin JH, Vallerand AH, Davis's Drug Guide for Nurses, 11th ed, January 1, 2009

**Database:** *Nursing Reference Center*

## *risperidone*

### Contents

- [Pharmacologic Profile](#)
- [Indications](#)
- [Action](#)
- [Pharmacokinetics](#)
- [Time-Action Profile](#)
- [Contraindications and Precautions](#)
- [Adverse Reactions and Side Effects](#)
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- [Route and Dosage](#)
- [Availability \(generic available\)](#)
- [Nursing Implications](#)
- [Assessment](#)
- [Potential Nursing Diagnoses](#)
- [Implementation](#)
- [Patient/Family Teaching](#)
- [Evaluation/Desired Outcomes](#)

***risperidone*** (riss-per-i-done)  
Risperdal, Risperdal M-TAB, Risperdal Consta

### **Classification**

Therapeutic: antipsychotics  
Pharmacologic: benzisoxazoles

### **Pregnancy Category C**

### **[Pharmacologic Profile](#)**

### **Indications**

Schizophrenia in adults and adolescents age 13–17 yrs. Bipolar mania (oral only) in adults and children 10–17 yrs in adults and children 10–17 yrs; can be used with lithium or valproate (adults only). Treatment of irritability associated with autistic disorder in children age 5–16 yrs.

### **Action**

May act by antagonizing dopamine and serotonin in the CNS. **Therapeutic Effects:** Decreased symptoms of psychoses, bipolar mania, or autism.

### **Pharmacokinetics**

**Absorption:** 70% after administration of tablets, solution or orally disintegrating tablets. Following IM administration, small initial release of drug, followed by 3-wk lag ; the rest of release starts at 3 wk and lasts 4–6 wk. **Distribution:** Unknown. **Metabolism and Excretion:** Extensively metabolized by the liver. Metabolism is genetically determined; extensive metabolizers (most patients) convert **risperidone** to 9-hydroxyrisperidone rapidly. Poor metabolizers (6–8% of whites) convert it more slowly. The

### Related Information

- [Quick Lessons](#)
- [Drugs](#)
- [Books](#)
- [Legal Cases](#)
- [Clinical Updates](#)

# Use Meta-Search Engines

Allow you to search multiple other search engines simultaneously and combines the results



# Special Meta -Search Engines that find evidence sites

*TRIP*

*tripdatabase.com*



*SUMSearch*

*sumsearch.uthscsa.edu*

**SUMSearch** 

# TRIP Database

[www.tripdatabase.com](http://www.tripdatabase.com)

- Meta-search engine
- Performs a simple search of more than 75 databases
- Finds evidence-based resources
- Searches *Cochrane*, *National Guideline Clearinghouse*, *Bandolier*, etc.

# TRIP search: Antihypertensives

The screenshot shows the TRIP database search interface. The search term 'antihypertensives' is entered in the search box and is circled in red. The search results page displays a list of articles with their titles and sources. On the right side, there is a 'Search Results' summary and a 'Filter by' sidebar. The 'Filter by' sidebar is also circled in red and contains a table of filter categories and counts.

**trip database** Evidence Based Medicine [Medical Images](#) [Patient Information Leaflets](#)

antihypertensives  [Advanced Search](#)

Sort results by  Relevance  Year

[Snippets Off](#) NEW! Use the icon to view the article's conclusion

[Guide to management of hypertension 2008. Assessing and managing raised blood pressure in adults](#)

National Guideline Clearinghouse (USA), 2008

[Treatment of elevated blood pressure in the very elderly: Less is better](#)

Therapeutics Letter, 2008

[Lifestyle interventions to reduce raised blood pressure: a systematic review of randomized controlled trials](#)

DARE., 2006

[Should a hypertensive male, with high blood pressure and an incidental finding of asymptomatic rate controlled AF use aspirin while he is waiting cardiology review?](#)

TRIP Answers, 2008

[Drugs for treatment of very high blood pressure during pregnancy](#)

Cochrane Database of Systematic Reviews, 2006

**Search Results:**  
10687 records  
[See the synonyms used](#)  
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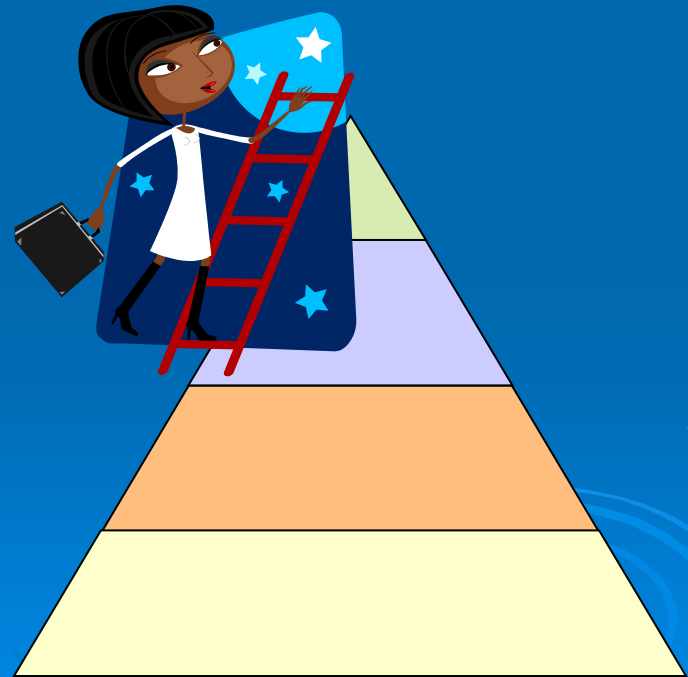
**Filter by:**

<a href="#">Systematic Reviews</a>	362
<a href="#">Evidence Based Synopses</a>	198
<a href="#">Guidelines</a>	
- <a href="#">North America</a>	92
- <a href="#">Europe</a>	54
- <a href="#">Other</a>	26
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<a href="#">Core Primary Research</a>	324
<a href="#">E-Textbooks</a>	439
<a href="#">More</a>	69

**Filter by Specialisation**

# Search for Systematic Review and Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (\$) [on HEAL-WA]
- PubMed Systematic Reviews
- CINAHL/CINAHL Plus (\$) [on HEAL-WA]





## BROWSE

Cochrane Reviews: [By Topic](#) | [New Reviews](#) | [Updated Reviews](#) | [A-Z](#) | [By Review Group](#)  
Other Resources: [Other Reviews](#) | [Clinical Trials](#) | [Methods Studies](#) | [Technology Assessments](#) | [Economic Evaluations](#)

## SEARCH

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## [Intervention Review] Non-steroidal anti-inflammatory drugs for low back pain

PDF

- [Summary](#) (61 K)
- [Standard](#) (677 K)
- [Full](#) (822 K)

- [Abstract](#)
- [Plain language summary](#)

### Quick links

- [What's new](#)

### The review

- [Background](#)
- [Objectives](#)
- [Methods](#)
- [Results](#)
- [Discussion](#)
- [Authors' conclusions](#)
- [Acknowledgements](#)
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### Figures

### Tables

## [Intervention Review] Non-steroidal anti-inflammatory drugs for low back pain

Pepijn DDM Roelofs<sup>1</sup>, Rick A Deyo<sup>2</sup>, Bart W Koes<sup>3</sup>, Rob J.P.M. Scholten<sup>4</sup>, Maurits W van Tulder<sup>5</sup>

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Contact address: Pepijn DDM Roelofs, Department of General Practice, Erasmus University, PO Box 2040, Rotterdam, 3000 CA, Netherlands. [p.roelofs@erasmusmc.nl](mailto:p.roelofs@erasmusmc.nl) (Editorial group: [Cochrane Back Group](#).)

*Cochrane Database of Systematic Reviews*, Issue 2, 2009 (Status in this issue: *Unchanged, commented*)

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DOI: 10.1002/14651858.CD000396.pub3

This version first published online: 23 January 2008 in Issue 1, 2008. Last assessed as up-to-date: 16 October 2007. (Help document - [Dates and Statuses](#) explained).

This record should be cited as: Roelofs PDDM, Deyo RA, Koes BW, Scholten RJ, van Tulder MW. Non-steroidal anti-inflammatory drugs for low back pain. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD000396. DOI: 10.1002/14651858.CD000396.pub3.

## Abstract

### Background

Non-steroidal anti-inflammatory drugs (NSAIDs) are the most frequently prescribed medications worldwide and are widely used for patients with low-back pain. Selective COX-2 inhibitors are currently available and used for patients with low-back pain.

### Objectives

The objective was to assess the effects of NSAIDs and COX-2 inhibitors in the treatment of non-specific low-back pain and to assess which type of NSAID is most effective.

### Search strategy

[Next >](#)

# Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use **Clinical Queries** Section: Systematic Reviews

## Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, trials, evidence-based medicine, consensus development conferences, and guidelines.

For more information, see [Help](#). See also [related sources](#) for systematic review searching.

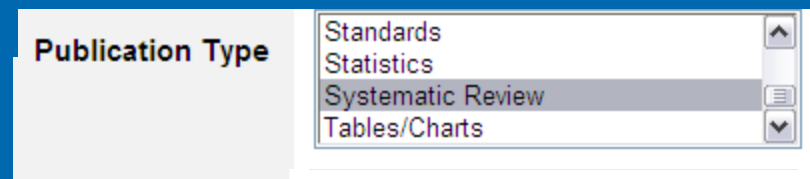
Search

- **Limit** to Type of Article: Meta-Analysis

Type of Article		CLEAR
<input type="checkbox"/>	Clinical Trial	↑ ☰ ↓
<input type="checkbox"/>	Editorial	
<input type="checkbox"/>	Letter	
<input checked="" type="checkbox"/>	Meta-Analysis	
<input type="checkbox"/>	Practice Guideline	
<input type="checkbox"/>	Randomized Controlled Trial	
<input type="checkbox"/>	Review	

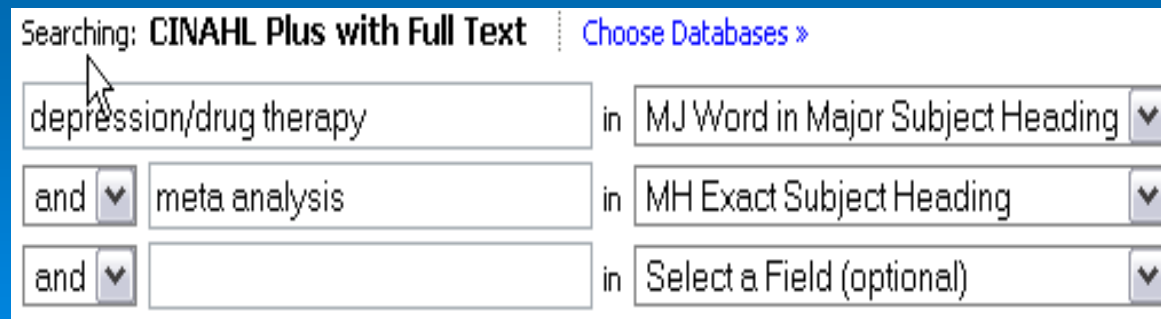
# Finding Systematic Reviews and Meta-Analyses in *CINAHL Plus*

- Refine search to **Publication Type**:  
Systematic Reviews



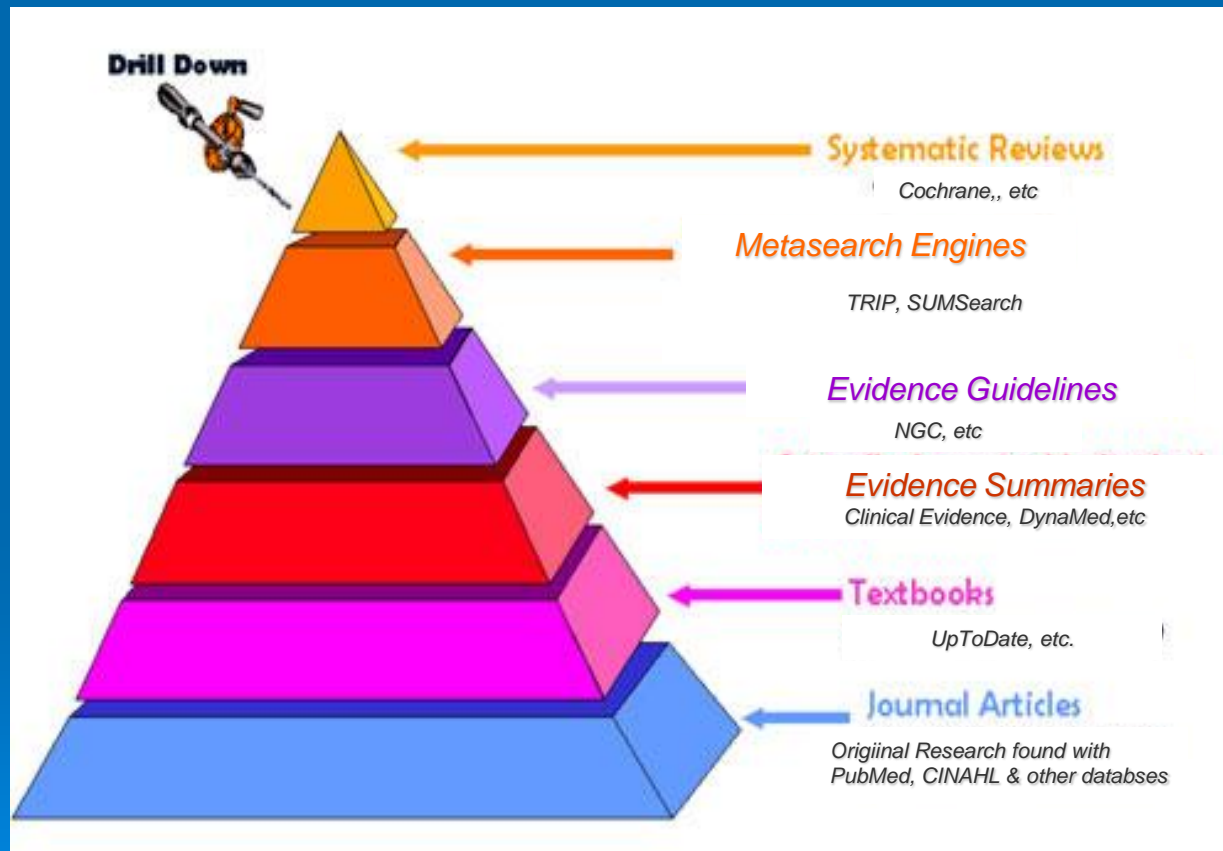
A screenshot of the 'Publication Type' dropdown menu in the CINAHL Plus search interface. The menu is open, showing four options: 'Standards', 'Statistics', 'Systematic Review' (which is highlighted), and 'Tables/Charts'. The label 'Publication Type' is visible on the left side of the dropdown.

- Search for Meta Analysis as a **Subject Heading**

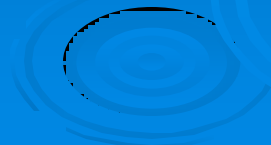


A screenshot of the CINAHL Plus search interface. The search bar contains the text 'depression/drug therapy' and 'meta analysis' connected by 'and' operators. The search is set to 'Searching: CINAHL Plus with Full Text'. The search criteria are defined as follows: 'depression/drug therapy' in 'MJ Word in Major Subject Heading', 'and' 'meta analysis' in 'MH Exact Subject Heading', and 'and' in 'Select a Field (optional)'. A mouse cursor is visible over the first search box.

# Searching for Evidence Categories



*Search for Evidence in  
Drug and Natural  
Medicines Databases*



# General Drug Compendiums

- AHFS Drug Information (\$) [on HEAL-WA]  
*[ahfsdruginformation.com](http://ahfsdruginformation.com)*
- Approved Drug Products with Therapeutic Equivalence Evaluations *[www.fda.gov/cder/orange](http://www.fda.gov/cder/orange)*
- Davis's Drug Guide for Nurses (\$) [on HEAL-WA]

# Additional General Drug Compendiums

- Drugs@FDA

*[www.accessdata.fda.gov/Scripts/cder/DrugsatFDA](http://www.accessdata.fda.gov/Scripts/cder/DrugsatFDA)*

- Lact Med: Drugs and Lactations Database

*[toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT](http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT)*

- U.S Center for Drug Evaluation and Research:  
Information for Healthcare Professionals

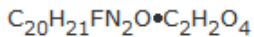
*[www.fda.gov/cder/info/healthcare.htm](http://www.fda.gov/cder/info/healthcare.htm)*

# AHFS Drug Information (\$)

[ahfsdruginformation.com](http://ahfsdruginformation.com)

## Escitalopram Oxalate

### Introduction



- Escitalopram, the S-enantiomer of citalopram, is a selective serotonin-reuptake inhibitor (SSRI) and an antidepressant.<sup>1</sup>

### Uses

#### • Major Depressive Disorder

Escitalopram oxalate is used in the treatment of major depressive disorder as established in 3 placebo-controlled studies.<sup>1, 2</sup> In these studies, 10-15% improvement in Montgomery Asberg Depression Rating Scale (MADRS) scores was noted in patients receiving escitalopram. In addition, escitalopram was superior to placebo in the HAM-D-21 scores.<sup>2, 14, 16</sup> In addition, escitalopram was superior to placebo in the HAM-D-21 scores.<sup>2, 14, 16</sup> In addition, escitalopram was superior to placebo in the HAM-D-21 scores.<sup>2, 14, 16</sup> There is some evidence that escitalopram is a selective serotonin-reuptake inhibitor (SSRI) and an antidepressant. However, additional studies are needed to establish this. For further information, please visit [drugstore.com](http://drugstore.com).

Routes	Dosage Forms	Strengths	Brand Names
Oral	Solution	5 mg (of escitalopram) per 5 mL	<b>Lexapro</b> ®
	Tablets, film-coated	5 mg (of escitalopram)	<b>Lexapro</b> ®
		10 mg (of escitalopram)	<b>Lexapro</b> ® (scored)
		20 mg (of escitalopram)	<b>Lexapro</b> ® (scored)

#### • Comparative Pricing

*This pricing information is subject to change at the sole discretion of DS Pharmacy. For the information, please visit [drugstore.com](http://drugstore.com).*

**Lexapro** 10MG Tablets (FOREST): 30/\$92.99 or 90/\$259.97

**Lexapro** 20MG Tablets (FOREST): 30/\$95.99 or 90/\$265.98

### References

1. Forest Pharmaceuticals, Inc. **Lexapro**® (escitalopram oxalate) tablets/oral solution prescribing information.
2. Burke WJ, Gergel I, Bose A. Fixed-dose trial of the single isomer SSRI escitalopram in depressed outpatients. *Am J Psychiatry* 163:331-6. [IDIS 479908] [[PubMed 12000207](http://pubmed.ncbi.nlm.nih.gov/12000207/)]
3. Anon. Forest **Lexapro**® approval includes label claim of greater potency than celexa. FDC Rep. Aug 2002.

# Davis's Drug Guide for Nurses 2009

## NURSING IMPLICATIONS

### ASSESSMENT

- Monitor mood changes and level of anxiety during therapy.
- Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient. Risk may be increased for children or adolescents. After starting therapy, children and adolescents should be seen by health care professional at least weekly for 4 wks, every 2 wks for next 4 wks, and on advice of health care professional thereafter .
- Assess for sexual dysfunction (erectile dysfunction; decreased libido) .

### POTENTIAL NURSING DIAGNOSES

Ineffective coping (Indications).  
Risk for injury (Side Effects).  
Sexual dysfunction (Side Effects).  
(Indications).

### IMPLEMENTATION

- Do not administer escitalopram and citalopram concomitantly. Taper to avoid potential withdrawal reactions. Reduce dose by 50% for 3 days, then again by 50% for 3 days, then discontinue.
- **PO:** Administer as a single dose in the morning or evening without regard to meals.

### PATIENT/FAMILY TEACHING

- Instruct patient to take escitalopram as directed. Take missed doses on the same day as soon as remembered and consult health care professional. Resume regular dosing schedule next day. Do not double doses. Do not stop abruptly, should be discontinued gradually .
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to avoid alcohol and other CNS-depressant drugs during therapy and to consult a health care professional before taking other Rx or OTC medications or herbal products.
- Instruct female patients to notify health care professional if pregnancy is planned or suspected or if they plan to breastfeed an infant.
- **Caution patients that escitalopram should not be used for at least 14 days after discontinuing MAO inhibitors, and at least 14 days should be allowed after stopping escitalopram before starting an MAO inhibitor.**
- Emphasize importance of follow-up exams to monitor progress.
- Encourage patient participation in psychotherapy to improve coping skills .
- Refer patient/family to local support groups.

### EVALUATION/DESIRED OUTCOMES

- Increased sense of well-being - Renewed interest in surroundings. May require 1-4 wk of therapy to obtain antidepressant effects. Full antidepressant effects occur in 4-6 wks .

# Drugs@FDA

[www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm](http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm)

**Drugs@FDA**

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[Drug Approval Reports by Month](#)

**Savella**

**Drug Details**

<b>Drug Name(s)</b>	SAVELLA (Brand Name Drug)
<b>FDA Application No.</b>	(NDA) 022256
<b>Active Ingredient(s)</b>	MILNACIPRAN HYDROCHLORIDE
<b>Company</b>	CYPRESS BIOSCIENCE
<b>Original Approval or Tentative Approval Date</b>	January 14, 2009
<b>Chemical Type</b>	1 New molecular entity (NME)
<b>Review Classification</b>	S Standard review drug

- [There are no Therapeutic Equivalents](#)
- [Approval History, Letters, Reviews, and Related Documents](#)
- [Label Information](#)
- [Risk Evaluation and Mitigation Strategy](#)

**Products on Application (NDA) #022256**

Click on a column header to re-sort the table:

<a href="#">Drug Name</a>	<a href="#">Active Ingredients</a>	<a href="#">Strength</a>	<a href="#">Dosage Form/Route</a>	<a href="#">Marketing Status</a>	<a href="#">RLD</a>	<a href="#">TE Code</a>
SAVELLA	MILNACIPRAN HYDROCHLORIDE	12.5MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	25MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	50MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	100MG	TABLET; ORAL	Prescription	Yes	None

# Drug Information for NPs

- MerckMedicus [merckmedicus.com](http://merckmedicus.com)
  - Includes the *Physicians Desk Reference (PDR)*, *PDR Drug Interactions*, *Facts and Comparisons*, textbooks, and patient handouts
- PDRnet.com [pdr.net](http://pdr.net)
  - Access to the *PDR database* and drug interactions and to *Drug Treatment Option Tools*



<b>Digoxin</b> <ul style="list-style-type: none"> <li>• Digoxin* (eg, Lanoxin)</li> </ul>
---

<b>Proton Pump Inhibitors</b> <ul style="list-style-type: none"> <li>• Esomeprazole (Nexium)</li> <li>• Lansoprazole (Prevacid)</li> <li>• Omeprazole* (eg, Prilosec)</li> <li>• Pantoprazole (Protonix)</li> <li>• Rabeprazole* (Aciphex)</li> </ul>
---

**Significance**

4
---

**Onset**

- Rapid
- Delayed

**Severity**

- Major
- Moderate
- Minor

**Documentation**

- Established
- Probable
- Suspected
- Possible
- Unlikely

**Effects:** Increased serum DIGOXIN levels may occur.**Mechanism:** Possible increased DIGOXIN absorption.**Management:** The magnitude of the change is not expected to be clinically important in most patients. However, because DIGOXIN has a narrow therapeutic index, the increase in serum level may be important if DIGOXIN concentrations are in the upper range when PROTON PUMP INHIBITOR therapy is started.[Top](#)**Discussion** [Print this section](#)

In a randomized, 2-way, crossover study, the effects of omeprazole on the pharmacokinetics of a single oral dose of digoxin were studied in 10 healthy men.<sup>1</sup> On 2 separate occasions, each subject received digoxin 1 mg alone or on day 8 of an 11-day course of omeprazole 20 mg once daily. The mean serum digoxin C<sub>max</sub> was slightly higher (4.2 vs 3.98 mcg/L) and the time to reach the C<sub>max</sub> tended to be faster (45 vs 60 minutes) during coadministration of digoxin and omeprazole. These differences were not statistically significant. However, digoxin AUC increased approximately 10%. This increase was statistically significant (P < 0.05). Two subjects had a 30% increase in the AUC. No serious adverse reactions were reported during the study. There were no pathological changes in the ECG recordings, and the BP, heart rate, and oral body temperature did not show changes that could be attributed to the medications. An observational study of patients receiving digoxin while being converted to rabeprazole from lansoprazole or omeprazole identified a change in digoxin levels of greater than 15% in a subset of patients.<sup>2</sup> It is not known if the effect would be greater if the patients were starting proton pump inhibitor therapy. After the initiation of omeprazole 20 mg/day, elevated digoxin serum levels and toxicity were reported in a 65-year-old woman who had been taking digoxin 0.625 mg/day for several years.<sup>3</sup> She was treated with digoxin immune fab and recovered uneventfully.

[Top](#)**References** [Print this section](#)

1. Oosterhuis B, et al. *Br J Clin Pharmacol*. 1991;32(5):569. [PubMed](#)
2. Le GH, et al. *Am J Health Syst Pharm*. 2003;60(13):1343. [PubMed](#)
3. Kiley CA, et al. *South Med J*. 2007;100(4):400. [PubMed](#)



Browse Drug and Food Database

Interaction Search > Regimen Interactions



[view and edit regimen list](#)

**This Regimen:**

- Lipitor Tablets
- Plavix Tablets
- Grapefruit Juice

All regimen items are fully defined. Resulting interactions are displayed below.

**Important Note:** The results display drug-drug and drug-food interactions cited in the FDA approved product labeling that is published in the current edition of the PDR only. Check all available and updated product labeling for complete interactions as contained in the FDA labeling.

**Potential Interactions in This Regimen**

[Lipitor Tablets](#)(Parke-Davis)  
Atorvastatin Calcium

**May interact with:**

[Grapefruit Juice](#)

**Results:**(Contains one or more components that inhibit CYP 3A4 and can increase plasma concentrations of atorvastatin, especially with excessive grapefruit consumption (greater than 1.2 liters per day))

[Plavix Tablets](#)(Bristol-Myers Squibb)  
Clopidogrel Bisulfate

**May interact with:** The labeling of this product lists no interactions with the other products or foods entered

[Grapefruit Juice](#)

**May interact with:**

[Lipitor Tablets](#)(Parke-Davis)  
Atorvastatin Calcium

**Results:**(Contains one or more components that inhibit CYP 3A4 and can increase plasma concentrations of atorvastatin, especially with excessive grapefruit consumption (greater than 1.2 liters per day))

[Plavix Tablets](#)(Parke-Davis)  
Atorvastatin Calcium

**Results:**(Contains one or more components that inhibit CYP 3A4 and can increase plasma concentrations of atorvastatin, especially with excessive grapefruit consumption (greater than 1.2 liters per day))



1	Drug	Lipitor Tablets
2	Drug	Plavix tablets
3	Food	grapefruit juice
4	Drug	
5	Drug	

Show 5

# Search for Evidence in Natural Medicines and Herbal Resources

➤ Natural Medicines Comprehensive Database (\$) *naturaldatabase.com*

➤ Natural Standard (\$) [on HEAL-WA] *naturalstandard.com*


Also available partially through *MedlinePlus: Drugs, Supplements and Herbal Information*

*www.nlm.nih.gov/medlineplus/druginformation.html*

# Natural Medicines Comprehensive Database (\$)

Search:

Advanced Search

**NATURAL MEDICINES**  
COMPREHENSIVE DATABASE 

Scientific Gold Standard for Evidence-Based, Clinical Information on Natural Medicines

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Search Results > FENUGREEK

## FENUGREEK

Quick Links:  
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[Effectiveness](#)  
[Adverse Reactions](#)  
[Dosage/Administration](#)

[View Product](#)

**Also Known As:**  
Alholva, Bird's Foot, Foenugreek, Gre

**Scientific Name:**  
Trigonella foenum-graecum  
Family: Fabaceae

**People Use This For:**  
Orally, fenugreek is used for constipation, gastritis, and constipation.

### Adverse Reactions:

Orally, fenugreek can cause diarrhea, dyspepsia, abdominal distention, and flatulence (622,12534). With high doses, hypoglycemia is possible (164). Fenugreek can cause allergic reactions including nasal congestion, hoarseness, persistent coughing, wheezing, facial angioedema, and shock (719). The paste of fenugreek applied to the scalp can cause allergic symptoms, including head numbness, facial swelling, and wheezing (719). Consumption of fenugreek by pregnant women just before delivery may cause the neonate to have an unusual body odor, which may be confused with maple syrup disease. It does not appear to cause long-term sequelae (9781). This unusual body odor may occur in children drinking fenugreek tea. Loss of consciousness may also occur in children drinking tea made from fenugreek (9782).

### Interactions with Herbs & Supplements:

**HERBS WITH ANTICOAGULANT/ANTIPLATELET POTENTIAL:** Concomitant use of herbs that have anticoagulant/antiplatelet potential that might affect platelet aggregation could theoretically increase the risk of bleeding in some people (5191,7162,7389). These herbs include angelica, clove, danshen, garlic, ginger, ginkgo, red clover, turmeric, and others.

**HERBS WITH HYPOGLYCEMIC POTENTIAL:** Theoretically, fenugreek might have additive effects with herbs that decrease blood glucose levels (10283,10284). Herbs with hypoglycemic potential include devil's claw, fenugreek, guar gum, Panax ginseng, and Siberian ginseng.

### Interactions with Drugs:

**ANTICOAGULANT/ANTIPLATELET DRUGS <<interacts with>> FENUGREEK**  
Interaction Rating = **Moderate** Be cautious with this combination

# Natural Standard

## [on HEAL-WA]



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The Authority on Integrative Medicine

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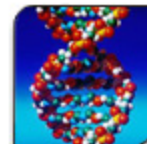
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For each therapy covered by **Natural Standard**, a research team systematically gathers scientific data and expert opinions. Validated rating scales are used to evaluate the quality of available evidence. Information is incorporated into comprehensive monographs which are designed to facilitate clinical decision making. All monographs undergo blinded editorial and peer review prior to inclusion in **Natural Standard** databases.



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## Peppermint (*Mentha x piperita* L.)

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### Synonyms/Common Names/Related Substances:

- Balm mint, black peppermint, brandy mint, caffeic acid, chlorogenic acid, cineol, curled mint, feuilles de menthe (French), hesperidin, isomenthone, Japanese peppermint, Katzenkraut (German), lamb mint, liminene, luteolin, menta prima (Italian), *Mentha arvensis* L. var *piperascens*, *Mentha piperita* var *officinalis*, *Mentha piperita* var *vulgaris*, *Mentha piperitae* aetheroleum (peppermint oil), *Mentha piperitae* folium (peppermint leaf), *Mentha x piperita* L., menthe anglaise, menthe poivre, menthe poivree, menthofuran, menthol, menthone, menthyl acetate, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), pfefferminze, Porminzen, rutin, Schmecker, terpenoids, volatile oil, white peppermint, WS(R) 1340.
- **Brand names:** Ben-Gay®, China Maze®, Cholaktol®, Citaethol®, Colpermin®, Iberogast®, Kiminto®, Listerine®, Mentacur®, Mentholatum®, Mintec®, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination product examples:** Absorbine Jr® (calendula, *Echinacea*, *Artemesia*, menthol), Enteroplant® (caraway oil, peppermint oil), Iberogast® (German chamomile (*Matricaria recutita*) flower, clown's mustard (*Iberis amara*) plant, angelica (*Angelica archangelica*) root and rhizome, caraway (*Carum carvi*) fruit, milk thistle (*Silybum marianum*) fruit, lemon balm (*Melissa officinalis*) leaf, celandine (*Chelidonium majus*) aerial part, licorice (*Glycyrrhiza glabra*) root, peppermint (*Mentha x piperita*) leaf).
- **Note:** *Mentha x villosa* L. is a different hybrid of mint with a similar appearance used primarily as a flavoring agent.

### CLINICAL BOTTOM LINE/EFFECTIVENESS

#### Brief background:

- Peppermint (*Mentha x piperita*), a perennial herb growing to the size of one meter and found throughout much of Europe and North America, has a long history of use for digestive disorders. There is both clinical and *in vitro* research on the whole plant and one of its main phytochemicals, menthol, to support some of its traditional uses. Peppermint oil is obtained by steam distillation from the fresh above ground parts of the flowering plant of *Mentha x piperita*, a sterile hybrid of spearmint (*Mentha spicata*) and water mint (*Mentha aquatica*).
- Peppermint oil acts to reduce gastrointestinal smooth muscle motility, possibly by acting as a calcium channel antagonist. There is preliminary evidence from small methodologically weak trials suggesting efficacy of peppermint oil in the treatment of nonulcer dyspepsia symptoms (in combination with [caraway oil](#)) and irritable bowel syndrome (IBS). These areas are controversial and some experts assert that this

# Natural Standard

## Peppermint oil

### Scientific Evidence for common/studied use:

Indication	Evidence Grade
<a href="#">Antispasmodic</a>	<a href="#">B</a>
<a href="#">Cough</a>	<a href="#">B</a>
<a href="#">Dyspepsia</a>	<a href="#">B</a>
<a href="#">Irritable bowel syndrome (IBS)</a>	<a href="#">B</a>
<a href="#">Tension headache treatment (topical)</a>	<a href="#">B</a>
<a href="#">Abdominal distention</a>	<a href="#">C</a>
<a href="#">Asthma</a>	<a href="#">C</a>
<a href="#">Bad breath</a>	<a href="#">C</a>

Indication	Level of Evidence Grade
<a href="#">Breast tenderness (preventing cracked nipples)</a>	<a href="#">A</a> (Strong Scientific Evidence)
<a href="#">Functional bowel disorders</a>	<a href="#">A</a> (Strong Scientific Evidence)

Level of Evidence Grade	Criteria
<b>A</b> (Strong Scientific Evidence)	Statistically significant evidence of benefit from >2 properly conducted RCTs, OR evidence from one properly conducted RCT, OR evidence from one properly conducted meta-analysis, OR evidence from multiple properly conducted meta-analyses, OR evidence from a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.
<b>B</b> (Good Scientific Evidence)	Statistically significant evidence of benefit from 1-2 properly conducted RCTs, OR evidence of benefit from ≥1 properly conducted RCT with supporting evidence in basic science, animal studies, or theory. <i>grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an adequately designed randomized controlled trial.</i>
<b>C</b> (Unclear or conflicting scientific evidence)	Evidence of benefit from ≥1 small RCT(s) without adequate statistical significance, or quality of design by objective criteria, or conflicting evidence from multiple RCTs without a clear majority showing benefit.

## Depression (mild to moderate) and related conditions

### levels of scientific evidence for specific therapies

**Natural Standard** does not recommend specific therapies or practitioners.



#### Grade: A (Strong Scientific Evidence)

Therapy	Specific therapeutic Use(s)
<a href="#">Music therapy</a>	Mood enhancement
<a href="#">Sage</a>	Mood enhancement
<a href="#">St. John's wort</a>	Depression (mild-to-moderate)

#### Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
<a href="#">5-HTP</a>	Depression
<a href="#">Art therapy</a>	Suicidal adolescents
<a href="#">DHEA</a>	Depression
<a href="#">Hypnotherapy, hypnosis</a>	Psychosomatic disorders
<a href="#">Music therapy</a>	Depression
<a href="#">Music therapy</a>	Grief (children)
<a href="#">Phenylalanine</a>	Depression
<a href="#">Psychotherapy</a>	Attachment disorder
<a href="#">Psychotherapy</a>	Conversion disorder (motor type)
<a href="#">Psychotherapy</a>	Depression (ante- and postpartum)
<a href="#">Psychotherapy</a>	Depression (children)
<a href="#">Psychotherapy</a>	Depression (dysthymia)
<a href="#">Psychotherapy</a>	Depression (elderly)
<a href="#">Psychotherapy</a>	Depression (major)
<a href="#">Psychotherapy</a>	Depression (mild to moderate)
<a href="#">Psychotherapy</a>	Suicide prevention
<a href="#">St. John's wort</a>	Somatoform disorders
<a href="#">Yoga</a>	Depression

**Natural Standard**

#### Grade: C (Unclear or Conflicting Scientific Evidence)

Therapy	Specific therapeutic Use(s)
<a href="#">Acupressure, shiatsu</a>	Depression
<a href="#">Acupuncture</a>	Depression

# Patient Drug Resources

- AHFS Consumer Medication Information [on HEAL-WA]
- Clinical Trials.gov [on HEAL-WA]  
*[www.clinicaltrials.gov/ct/gui](http://www.clinicaltrials.gov/ct/gui)*
- Drug Information Portal [on HEAL-WA]  
*[druginfo.nlm.nih.gov/drugportal/drugportal.jsp](http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp)*
- Drugstore.com *[drugstore.com](http://drugstore.com)*  
Provides retail prices of drugs
- MedlinePlus: Drugs, Supplements and Herbal Information [on HEAL-WA]  
*[www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)*

# Additional Patient Drug Resources

- Nursing Reference Center (\$) [on HEAL-WA]  
Can customize over 4,000 patient handouts.
- PillBot.com [pillbot.com](http://pillbot.com)  
Prescription comparison shopping guide.
- RxList: The Internet Drug Index [rxlist.com](http://rxlist.com)  
Includes Top 200 list and a Pill Identification Tool.
- WebMD: Drugs and Medications  
[www.webmd.com/drugs/index-drugs.aspx](http://www.webmd.com/drugs/index-drugs.aspx)  
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and Pill Identification Tool.

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**Drug Name:** Quinapril hydrochloride [USAN] [\[show more names\]](#)

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### Summary

- [Summary of drug information \(MedlinePlusDrug\)](#)
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- [Manufacturers drug label \(DailyMed\)](#)
- [Clinical trials \(ClinicalTrials.gov\)](#)

### Detailed Summary


- [Summary of reviewed biological and physical data \(HSDB\)](#)
- [References from scientific journals \(Medline/PubMed\)](#)
- [References from toxicological journals \(TOXLINE\)](#)
- [Biological activities and chemical structures \(PubChem\)](#)
- [Toxicological and chemical resources \(ChemIDplus\)](#)

### Additional Resources

- [Information from the US Food & Drug Administration \(Drugs@FDA\)](#)
- [Search engine for other government resources \(USA.gov\)](#)

# Pillbot

## *pillbot.com*


**Show Me The Best Price For The Prescription Medication...**  
    
 Medication Name and Dosage (if 10mg enter 10)

PBRx.com is a US based pharmacy bringing Americans generic medication at a reasonable price, results from PBRx may show the "Generic" equivalent of the "Brand Name" prescription drug.

Medication	Count	Dose	Strength	Delivery	Price	PPU	Pharmacy
lipitor	30	10	MG	TAB	\$58.87	\$1.962	FAMILY MEDS
lipitor	90	10	MG	TAB	\$182.87	\$2.032	FAMILY MEDS
lipitor	90	10	MG	TAB	\$183.97	\$2.044	DRUGSTORE
lipitor	90	10	MG	TAB	\$183.97	\$2.044	Rite Aid
lipitor	30	10	MG	TAB	\$62.99	\$2.100	DRUGSTORE
lipitor	30	10	MG	TAB	\$62.99	\$2.100	Rite Aid
lipitor	100	10	MG	TAB	\$212.37	\$2.124	AARP
lipitor	90	10	MG	TAB	\$191.13	\$2.124	AARP
lipitor	60	10	MG	TAB	\$128.46	\$2.141	AARP
lipitor	30	10	MG	TAB	\$65.26	\$2.175	AARP
lipitor	100	10	MG	TAB	\$221.57	\$2.216	COSTCO
lipitor	50	10	MG	TAB	\$112.57	\$2.251	COSTCO
lipitor	30	10	MG	TAB	\$68.47	\$2.282	COSTCO
lipitor	90	10	MG	TAB	\$207.99	\$2.311	CVS
lipitor	30	10	MG	TAB	\$73.59	\$2.453	CVS
lipitor	1	10mg		(Tab)	\$2.20	\$2.196	PBRx
lipitor	30	20	MG	TAB	\$87.87	\$2.929	FAMILY MEDS
lipitor	90	20	MG	TAB	\$263.87	\$2.932	FAMILY MEDS

## Accupril

### SIDE EFFECTS



#### Hypertension

ACCUPRIL has been evaluated for safety in 4960 subjects and patients. Of these, 3203 patients, including 655 elderly patients, participated in controlled [clinical](#) trials. ACCUPRIL has been evaluated for long-term safety in over 1400 patients treated for 1 year or more.

Adverse experiences were usually mild and transient.

In placebo-controlled trials, discontinuation of [therapy](#) because of adverse events was required in 4.7% of patients with hypertension.

Adverse experiences probably or possibly related to therapy or of unknown relationship to [therapy](#) occurring in 1% or more of the 1563 patients in placebo-controlled [hypertension](#) trials who were treated with ACCUPRIL are shown below.

Adverse Events in Placebo-Controlled Trials		
	Accupril (N=1563) Incidence (Discontinuance)	Placebo (N=579) Incidence (Discontinuance)
Headache	5.6 (0.7)	10.9 (0.7)
Dizziness	3.9 (0.8)	2.6 (0.2)
Fatigue	2.6 (0.3)	1.0
Coughing	2.0 (0.5)	0.0
Nausea and/or Vomiting	1.4 (0.3)	1.9 (0.2)
Abdominal Pain	1.0 (0.2)	0.7

RxList.com

## Top 200 Drugs

By Prescriptions  
Dispensed

### Top 200 Drugs

BY NAMES  
SEARCHED

BY PRESCRIPTIONS  
DISPENSED

1. Lipitor
2. Singulair
3. Lexapro
4. Nexium
5. Synthroid
6. Plavix
7. Toprol XL
8. Prevacid
9. Vytorin
10. Advair Diskus
11. Zyrtec
12. Effexor XR
13. Protonix
14. Diovan
15. Fosamax
16. Zetia
17. Crestor
18. Levaquin
19. Diovan HCT
20. Klor-Con
21. Cymbalta

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**Title:** *Diabetic Foot Ulcer* By: Norwood D, Chwistek M, Health Library: Evidence-Based Information, January 1, 2009

**Database:** *Nursing Reference Center*

## Diabetic Foot Ulcer

by: Diane Voyatzis Norwood, MS, RD, CDE

[En Español \(Spanish Version\)](#)

### Contents

[Definition](#)

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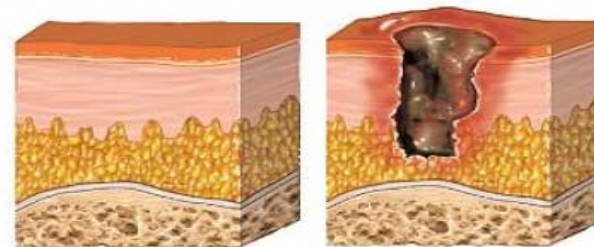
[Prevention](#)

[Foot Temperature Monitoring](#)

### Definition

Diabetic foot ulcers are sores that occur on the feet of people with [type 1](#) and [type 2 diabetes](#). Up to 25% of people with diabetes develop foot problems. Diabetic foot ulcers usually occur on the bottom of the foot. They precede over 80% of leg amputations in the US. However, the sooner diabetic foot ulcers are treated, the better the outcome.

### Foot Ulcer



Normal skin

Ulceration

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## Osteoarthritis

Also called: Degenerative joint disease, OA, Osteoarthrosis

Osteoarthritis is the most common form of [arthritis](#). It causes pain, swelling and reduced motion in your joints. It can occur in any joint, but usually it affects your hands, knees, hips or spine.

Osteoarthritis breaks down the cartilage in your joints. Cartilage is the slippery tissue that covers the ends of bones in a joint. Healthy cartilage absorbs the shock of movement. When you lose cartilage, your bones rub together. Over time, this rubbing can permanently damage the joint. Factors that may cause osteoarthritis include

- Being overweight
- Getting older
- Injuring a joint

Therapies that manage osteoarthritis pain and improve function include exercise, weight control, rest, pain relief, alternative therapies and surgery.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

### Start Here

- [Osteoarthritis Interactive Tutorial](#) (Patient Education Institute)  
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- [What Is Osteoarthritis? Easy-to-Read NIH](#) (National Institute of Arthritis and Musculoskeletal and Skin Diseases)  
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### Overviews

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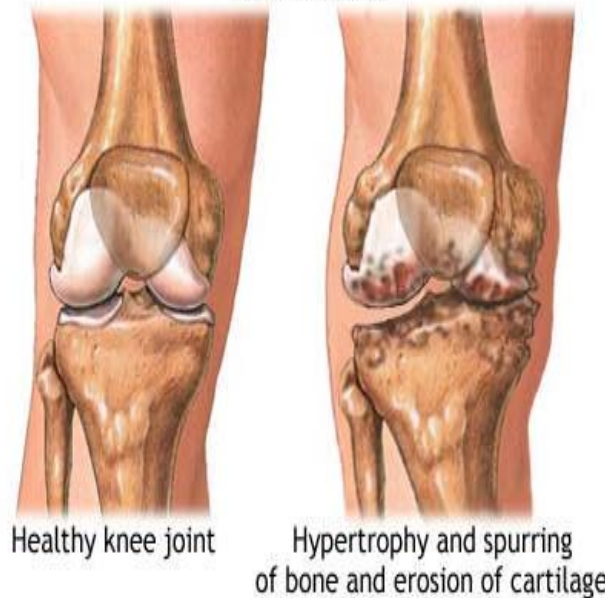
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## Medical Encyclopedia

### Osteoarthritis

Osteoarthritis



 ADAM.

Osteoarthritis is a chronic disease of the joint cartilage and bone, often thought to result from "wear and tear" on a joint, although there are other causes such as congenital defects, trauma and metabolic disorders. Joints appear larger, are stiff and painful and usually feel worse the more they are used throughout the day.

Update Date: 7/23/2008

  
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## Drugs, Supplements, and Herbal Information

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Prescription and over-the-counter medication information is from AHFS<sup>®</sup> Consumer Medication Information<sup>†</sup>, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#). For additional drug information, see the MedlinePlus [Drug Therapy](#) topic pages or [FDA Approved Labels](#) from DailyMed.

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Information on herbs and supplements is from [Natural Standard](#)<sup>®</sup>. For additional herb and supplement information, see the MedlinePlus [Complementary and Alternative Therapies](#) topics or the [Dietary Supplements Labels Database](#) from the National Library of Medicine.



### Contents of this page:

- [Why is this medication prescribed?](#)
- [How should this medicine be used?](#)
- [Other uses for this medicine](#)
- [What special precautions should I follow?](#)
- [What special dietary instructions should I follow?](#)
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- [What side effects can this medication cause?](#)
- [What storage conditions are needed for this medicine?](#)
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### IMPORTANT WARNING: [Return to top](#)

People who take nonsteroidal anti-inflammatory drugs (NSAIDs) (other than aspirin) such as celecoxib may have a higher risk of having a heart attack or a stroke than people who do not take these medications. These events may happen without warning and may cause death. This risk may be higher for people who take NSAIDs for a long time. Tell your doctor if you or anyone in your family has or has ever had heart disease, a heart attack, or a stroke, if you smoke, and if you have or have ever had high cholesterol, high blood pressure, or diabetes. Get emergency medical help right away if you experience any of the following symptoms: chest pain, shortness of breath, weakness in one part or side of the body, or slurred speech.

If you will be undergoing a coronary artery bypass graft (CABG; a type of heart surgery), you should not take celecoxib right before or right after the surgery.

NSAIDs such as celecoxib may cause ulcers, bleeding, or holes in the stomach or intestine. These problems may develop at any time during treatment, may happen without warning symptoms, and may cause death. The risk may be higher for people who take NSAIDs for a long time, are older in age, have poor health, or drink large amounts of alcohol while taking celecoxib. Tell your doctor if you drink large amounts of alcohol or if you take any of the following medications: anticoagulants ('blood thinners') such as warfarin (Coumadin); aspirin; other NSAIDs such as ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn); or oral steroids such as dexamethasone (Decadron, Dexone), methylprednisolone (Medrol), and prednisone (Deltasone). Also tell your doctor if you have or have ever had ulcers or bleeding in your stomach or intestines or other bleeding disorders. If you experience any of the following symptoms, stop taking celecoxib and call your doctor: stomach pain, heartburn, vomiting a substance that is bloody or looks like coffee grounds, blood in the stool, or black and tarry stools.

Keep all appointments with your doctor and the laboratory. Your doctor will monitor your symptoms carefully and will probably order certain tests to check your body's response to celecoxib. Be sure to tell your doctor how you are feeling so that your doctor can prescribe the right amount of medication to treat your condition with the lowest risk of serious side effects.

Your doctor or pharmacist will give you the manufacturer's patient information sheet (Medication Guide) when you begin treatment with celecoxib and each time you refill your prescription. Read the information carefully and ask your doctor or pharmacist if you have any questions. You can also visit the Food and Drug Administration (FDA) website (<http://www.fda.gov/cder>) or the manufacturer's website to obtain the Medication Guide.

# MedlinePlus: Drugs, Supplements & Herbal Information

[www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)

105 Herbs and Supplements Monographs in English & Spanish  
adapted from *Natural Standard*

## Peppermint oil (*Mentha x piperita* L.)

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While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

### Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, *Mentha arvensis* L. var *piperascens*, menta prima (Italian), *Menthae piperitae aetheroleum* (peppermint oil), *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (peppermint leaf), *Menthe anglaise*, *Menthe poivre*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (*Mentha spicata* L.), water mint (*Mentha aquatica*), white peppermint, WS(R) 1340.
- **Essential oil constituents:** Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents:** Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names:** Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products:** Absorbine Jr.®, Iberogast®, Listerine®.

## Peppermint oil

## Aceite de menta (*menta piperita*)

*Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Se prohíbe su distribución comercial. Esta monografía tiene la intención de servir para fines informativos únicamente, por lo cual no se debe interpretar como un consejo médico específico. Usted deberá consultar con un proveedor médico calificado antes de tomar decisiones respecto a terapias y/o afecciones de salud.*



No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

### Términos relacionados:

- Bálsamo de menta, menta negra, menta de brandy, menta crespa, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvensis, L. var *piperascens*, menta prima (italiano), *Menthae piperitae aetheroleum* (aceite de menta) *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (hoja de menta), *Menthe anglaise*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen, Schmecker, hierbabuena (*Mentha spicata*), menta acuática (*Mentha aquatica*), menta blanca, WS (R) 1340.
- **Elementos constituyentes esenciales del aceite:** Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja:** Ácido cafeico, ácido clorogénico, luteolina, hesperidina, rutín, aceite "volátil".
- **Selección de marcas registradas:** BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

# Drug Information for PDAs, iPhones, and Blackberry

## ➤ Epocrates Rx [epocrates.com](http://epocrates.com)

- monographs for the most prescribed meds
- free download after registration

## ➤ PDA resources for UW

[healthlinks.washington.edu/howto/pda](http://healthlinks.washington.edu/howto/pda)

### For NPs:

- Clinical Xpert [pdr.net](http://pdr.net)

- Mobile MerckMedicus

[www.merckmedicus.com/pp/us/hcp/hcp\\_mobile\\_medicus.jsp](http://www.merckmedicus.com/pp/us/hcp/hcp_mobile_medicus.jsp)

***Navigate the Web  
Beyond Basic Google  
To Find Evidence?***



# Navigation Difficulties

- Size of the Web
- Lack of control or review
- Lack of quality standards



# Navigating the Web Beyond Google

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- **Relevance ranking** based on link analysis

## ➤ Google Advanced Search

[www.google.com/advanced\\_search?hl=en](http://www.google.com/advanced_search?hl=en)

## ➤ Google Scholar [scholar.google.com](http://scholar.google.com)

# Searching Google for Guideline/Guidelines



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Results

## [Clinical Practice \*\*Guideline\*\*: Management of \*\*Sinusitis\*\*](#)

This clinical practice **guideline** is not intended as a sole source of guidance in the diagnosis and management of acute bacterial **sinusitis** in children. ...

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IG Williamson, M Moore, P Little - JAMA, 2008 - Am Med Assoc

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[Cited by 3](#) - [Related articles](#) - [Web Search](#) - [All 8 versions](#)

### [Antibiotics for adults with clinically diagnosed acute rhinosinusitis: a meta-analysis of individual ...](#)

J Young, A De Sutter, D Merenstein, GA van Essen, ... - The Lancet, 2008 - Elsevier

... 7 JM Hickner, Acute **sinusitis**, **antibiotics**, and the Holy Grail, J Fam Pract 54 (2005), pp. 152–153. View Record in Scopus | Cited By in Scopus (1). ...

[Cited by 21](#) - [Related articles](#) - [Web Search](#) - [All 8 versions](#)

### [CITATION] **Antibiotics for acute maxillary sinusitis**. The Cochrane Library, Issue 1

JW Williams Jr, C Aguilar, J Cornell... - 2008 - Oxford, England: Update Software

[Cited by 4](#) - [Related articles](#) - [Web Search](#)

### [... prescribing in veterans with community-acquired pneumonia, sinusitis, or acute exacerbations of ...](#)

CC Tobia, SL Aspinall, CB Good, MJ Fine, JT Hanlon - Clinical Therapeutics, 2008 - Elsevier

... from our study support the prevalence of inappropriate prescribing, even for infections like CAP, **sinusitis**, and AECB, for which **antibiotics** are generally ...

[Related articles](#) - [Web Search](#) - [All 2 versions](#)

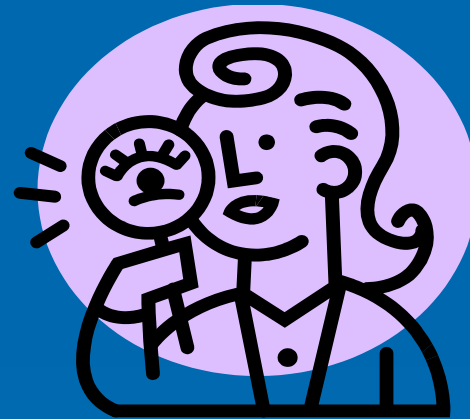
# Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using **Criteria for Evaluating Web Resources**
- Determine the type of site by analyzing **Web Site Addresses**
- A User's Guide to Finding and Evaluating Health Information on the Web  
*[www.mlanet.org/resources/userguide.html](http://www.mlanet.org/resources/userguide.html)*

# Criteria for Evaluating Web Sites

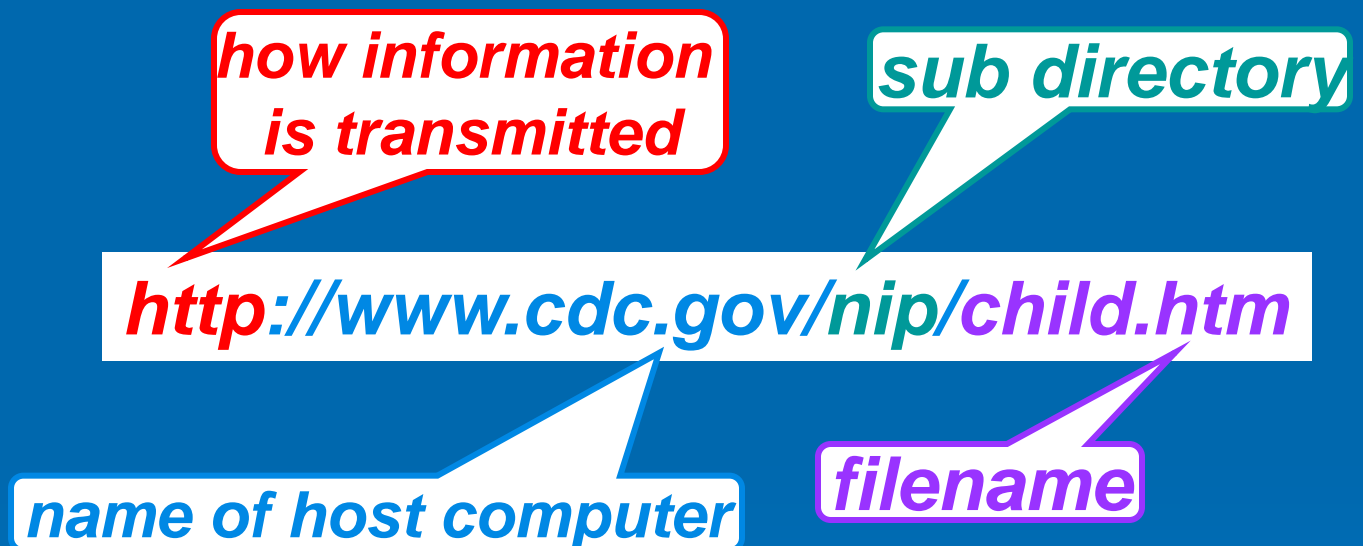
[healthlinks.washington.edu/howto/navigating/criteria.pdf](http://healthlinks.washington.edu/howto/navigating/criteria.pdf)

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage
- Design



# Web Site Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



The URL includes the name of the host computer which can indicate the purpose of the web site.

***Keep Current with  
Alerting Services***



# Information Overload!

- 2 million articles published in biomedical journals each year
- considering everything of potential biomedical importance would require perusing about 6,000 articles per day...
- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

# What are Email Alert Services?

- Deliver current citations into your email
- Based on a search strategy you create
- In most cases, abstracts of the articles are provided
- May provide links to *PubMed*, *CINAHL* and full-text articles

# *PubMed: My NCBI*

- Your personal space on the NLM computer system for **storing search strategies** to generate updates
- **Free** registration required
- Recent *PubMed* citations sent **automatically** to your email

# My NCBI

The image displays the My NCBI interface, which is a personalized workspace for users. It features a navigation menu on the left with categories like 'About Entrez', 'Entrez PubMed', and 'PubMed Services'. The 'My NCBI' link is circled in red. A red arrow points from this link to the main content area. The main content area includes a 'Table of Contents' with links to 'My NCBI Home', 'My Saved Data', 'Search Filters', 'Preferences', and 'About My NCBI'. A 'Sign into My NCBI' section contains fields for 'Username' and 'Password', checkboxes for 'Keep me signed in' and 'Remember my username', and a green 'Sign In' button. A yellow box highlights the text 'Use My NCBI to save your searches and data, and to se...'. On the right, a 'My Saved Data' section shows 'You have:' followed by '32 Saved Searches', '3 Collections', and '1 Bibliography'. Below that, 'Search Filters' shows 'You've set filters for:' with 'PubMed' selected. At the bottom, 'Preferences' shows 'You've set:' with 'Common Preferences' and 'PubMed Preferences' selected. A second red arrow points from the bottom of the page towards the right side.

NCBI  
PubMed  
www.pubmed.gov  
A service of the U.S. National Library of Medicine and the National Institutes of Health

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC

Search PubMed for [ ] Go Clear Advanced Search

Limits Preview/Index History Clipboard Details

To get started NCBI Home PubMed GenBank BLAST

Search terms: My NCBI

Table of Contents

- My NCBI Home
- My Saved Data
- Search Filters
- Preferences
- About My NCBI

Use My NCBI to save your searches and data, and to se

Sign into My NCBI

Username [ ]

Password [ ]

Keep me signed in

Remember my username

Sign In

Table of Contents

- My NCBI Home
- My Saved Data
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- About My NCBI

Use My NCBI to save your se

My Saved Data

You have:

- 32 Saved Searches
- 3 Collections
- 1 Bibliography

Search Filters

You've set filters for:

- PubMed

Preferences

You've set:

- Common Preferences
- PubMed Preferences

# Alerting Services

*[healthlinks.washington.edu/howto/alerts.html](http://healthlinks.washington.edu/howto/alerts.html)*

Alert Service	Database Coverage	RSS
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My NCBI	PubMed	yes
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Alerts	CINAHL [on HEAL-WA]	yes
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# Final Thoughts

- Contact Your **Ultimate Search Engine...**  
*a librarian!*
- Use **HEAL-WA** drug resources:
  - AHFS Drug Information
  - DynaMed therapy sections
  - Davis' Drug Guide for Nurses
  - Natural Standardand much more...

## Welcome to HEAL-WA

HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State. Its mission is to provide evidence-based information to support patient care.

### Getting Started

Certain resources in HEAL-WA (indicated by a lock icon) require a HEAL-WA access code (UW NetID) and password for access.

**Set up HEAL-WA access** - If you need to set up a HEAL-WA access code (UW NetID) and password, or if you have a UW NetID and need to add HEAL-WA affiliation to it, see the instructions on the [Getting Started](#) page.




If you have already set up your HEAL-WA access code (UW NetID) and password, log in to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of the screen.

Dec 19, 2008 08




### Diagnosis & Therapy

-  [Dynamed \(Diseases & Conditions\)](#)
-  [Merck Manual of Diagnosis and Therapy](#)
-  [Merck Manual of Geriatrics](#)





### Drugs, Labs, Diagnostic Tests

-  [AHFS Drug Information® \(2008\)](#)
-  [Drug Information Portal](#)
-  [LactMed](#)




### Patient Care Management

-  [Nursing Reference Center](#)
-  [CINAHL \(Nursing Literature\)](#)
-  [Nursing Calculators](#)





### Guidelines & Evidence

-  [Cochrane Database of Systematic Reviews](#)
-  [Clinical Information from the Agency for Healthcare Research and Quality](#)
-  [National Guideline Clearinghouse](#)
-  [PubMed Clinical Queries](#)

### Complementary & Alternative Medicine

-  [AMED \(Alternative & Natural Medicine Database\)](#)
-  [Alt-HealthWatch](#)
-  [Natural Standard](#)

### Information for Patients

-  [AHFS Consumer Medication Information](#)
-  [MedlinePlus - Health Information for Patients](#)
-  [MedlinePlus Health Information in Other Languages \(for patients\)](#)
-  [Merck Manual - Home Edition](#)

### Search for Articles

 [PubMed Search](#)


### Prevention, Screening, Immunizations

-  [Guide to Clinical Preventive Services](#)


#### Professional Toolkits

-  [Acupuncturist](#)
-  [Chiropractor](#)
-  [Massage Practitioner](#)
-  [Mental Health Counselor, Psychologist, Licensed Social Worker](#)
-  [Naturopath](#)
-  [Optometrist](#)
-  [Physician, PA, ARNP](#)
-  [Podiatrist](#)
-  [Registered Nurse](#)


#### News

 [PsycInfo and other databases now available](#)

Mar 06, 2009

 [New eBooks available on HEAL-WA](#)

Feb 05, 2009

 [Natural Standard database added to HEAL-WA](#)

Jan 30, 2009

# For more UW information...

If you are **affiliated with the UW**, contact the *nursing library liaison*:

Janet G. Schnall, MS, AHIP

206.543.7474

[schnall@u.washington.edu](mailto:schnall@u.washington.edu)





Health Sciences Libraries  
UNIVERSITY OF WASHINGTON

# Finding Evidence on the Web to Improve Patient Care

PowerPoint presentation:

[healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.ppt](http://healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.ppt)

Handout:

[healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.doc](http://healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.doc)